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# THE *Copy* DENTAL DIGEST



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## *In 1863*

**A** HALF CENTURY after the founding of the Ney business, this country was plunged into a great civil war.

In this year, a Confederate soldier was captured by the Federals. When he was searched, there was found on his person a package of Ney's Gold. This gold had a history. It was part of an order that had been shipped to Havana, had run the blockade and was intended for use in repairing the teeth of the Confederate officers.

Difficult to get, but they had to have the best—

*"Best since 1812"*

<p>THE PIONEER</p>  <p>JOHN M. NEY</p>	<p><i>The</i> <b>J. M. NEY COMPANY</b></p> <p>FOUNDED IN 1812</p>  <p>President</p> <p>HARTFORD CONNECTICUT, U.S.A.</p>	<p>NEW GOLD FOR</p>  <p>OLD GOLD, SILVER PLATINUM ETC.</p>
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# THE DENTAL DIGEST

Vol. XXX

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No. 3

## Practical Impressions

By Francis Scott Weir, D.M.D., New York, N. Y.

Many years of study and experimentation have been devoted to the search for a scientific impression technic. The history of its development from the time of Dr. Greene to the present is familiar to the entire profession. Today we have such improved impression technics that it is possible to adapt dentures with great accuracy and comfort. It has been a difficult task and too much credit cannot be given to those who have labored diligently and earnestly in behalf of this science. Progress is constantly being made, and new truths and more explicit information sought, so that the future will undoubtedly reveal to us greater knowledge on this subject.

We shall not consider the arguments relative to the merits of the various materials that may be used or of the various technics that are advocated at present. Suffice it to say that they are practical and successful and yield satisfactory results in the hands of those who have mastered them. For success it is essential to master the technic selected and anyone who will do this may rely on satisfactory impressions with any one of the technics in use today.

With most of the improved technics employed at present the writer is in accord, believing that their use will give the most satisfactory results, yet the time employed and the technical preparation involved are in many cases too great for general use. Experience has taught that many men cannot secure the training that is essential to a successful manipulation of some methods. Others who have had the training do not have sufficient practice to develop the technical skill necessary for its use, while in still other cases the time involved is so great as to make its use prohibitive in the average general practice. These three facts have made the use of involved impression technics impractical in the general dental practice. There are, of course, striking exceptions to this rule with unusual men in general practice, but for the average it holds true.

The purpose of this article is to suggest a method whereby any material that possesses basic requirements may be used, so that there may be developed a technic modified for individual use, a technic which will permit one to obtain a satisfactory impression in a short time and without too extensive preparation.

The chart in Figs. 1 and 2 is designed to record outline form, tissue conditions and other information.

The correct outline for the upper impression is as follows: posteriorly, the junction of the movable and immovable soft palate; buccally, the point of the muscle attachment, the buccinator and the levator labii superioris being the principal considerations in the bicuspid region and the buccal cavity in the molar space; labially, the frenum and the cuspid eminence. Relax these tissues and study the depth of the denture cavity. If you cannot measure with the eye, use a pair of dividers and measure these points and chart them on the record card.

The outline for the lower has very definite landmarks. Posteriorly, the length is governed by the position of the retromolar triangle, as this is soft tissue. You will be able to see this clearly in nearly all im-

PROSTHETIC RECORD						N.A. _____	
Name _____				Date _____		19 ____	
Residence _____				Tel. _____			
Business Address _____				Tel. _____			
Physician _____				Reference _____			
History _____							
Health _____ Soft Tissues { U _____ L _____							
Saliva _____ Muscle Attachments { U _____ L _____							
Chair Time		Laboratory Time		Total Time			
Hour	Min.	Hour	Min.	Hours	Mins.		
Kind of Teeth _____		Mould _____ Shade _____		Face Form _____			
Contract _____							
Signature _____							
Dates of Payment _____							

Fig. 1

pressions. The margin should extend onto this triangle. Buccally, the extension is governed by the external oblique line. Lingually posteriorly, the normal extension is the mylohyoid ridge and the postmolar space. You will see the retromolar triangle, called the "triangle of the mandible," also the external oblique line, as well as the mylohyoid ridge, in nearly all lower impressions.

The lingual anterior region is controlled by the size and height of attachment of the frenum of the tongue. The labial is governed by the point of attachment of the muscles in the lip region, the principal ones being the frenum, the mentalis, and the depressor labii inferioris.



Chart these points and study them carefully before taking the impression.

The greater percentage of failures in dentures due to faulty impressions is because of an overextended or underextended outline.

Adaptation is the second consideration in an impression. It does not make much difference with what material you secure adaptation, but the tissues should be taken in their normal positions. When soft, flabby ridges are present, any technic must be modified to reproduce these ridges without distortion. Surgical interference is often indicated, but many patients will not submit to surgery. The adaptation may be secured at the same time outline form is developed; or outline form may be developed and adaptation secured by a plaster wash or by other means.





Complexion	Eyes	Hair
<b>A.—MENTAL ATTITUDE</b>		
1. Philosophical _____ 2. Exacting _____ 3. Hysterical _____ 4. Passive _____		
<b>B.—ARCH FORM</b>		
Upper	Lower	
1. Square _____	1. Square _____	
2. Tapering _____	2. Tapering _____	
3. Ovoid _____	3. Ovoid _____	
<b>C.—PHYSICAL SIZE</b>		
Upper	Lower	
1. Large _____	1. Large _____	
2. Medium _____	2. Medium _____	
3. Small _____	3. Small _____	
<b>D.—RIDGE RELATION</b>		
1. Normal _____ 2. Prognathous _____ 3. Orthognathous _____		
<b>E.—THROAT FORM</b>		
1. Large _____ 2. Medium _____ 3. Small _____		
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <b>Physical Form</b>            Upper   </div> <div style="text-align: center;">           Lower   </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 20px;"> <div style="text-align: center;"> <b>Soft Tissues</b>            Upper   </div> <div style="text-align: center;">           Lower   </div> </div>		

Fig. 2. (Reverse side of Fig. 1)

The simplest method that produces the best results, in the writer's opinion, is a compound and plaster upper and a full compound lower.

The upper is taken by selecting a metal tray one-eighth inch larger than the arch and sufficiently long to extend onto the soft palate (Fig. 3). Heat the compound to a temperature not above 150° F. and shaped to approximate the form of the mouth, leaving margins about one-fourth inch in thickness (Fig. 4A). Heat to a velvety surface over flame, temper in hot water and seat to position. Chill thoroughly with ice water and remove. Remove the impression from the tray (Fig. 4B), and mark to the approximate outline (Fig. 5A). Have the impression

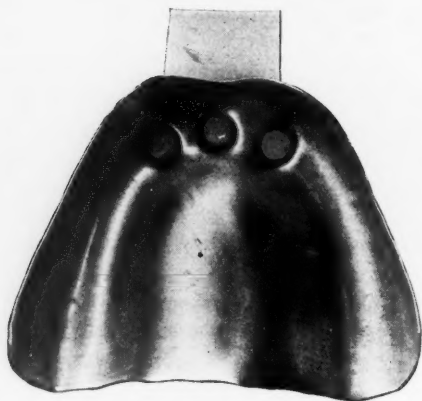


Fig. 3

chilled and do the trimming with a sharp knife. Leave the margins at least one-fourth inch in width and rounding (Fig. 5B). To determine the exact outline form, have the patient say "Ah" and with indelible pencil trace a line from tuberosity to tuberosity through the point of movement when the patient says "Ah." Dry the impression and seat to position. The indelible line will be transferred to the im-



Fig. 4A



Fig. 4B

pression. Trim to the line. To determine the buccal exactly, soften the crest of the flange over the flange and seat in the mouth. Holding firmly in position, mould the cheek tissues downward and at the same time forward and backward. This will mould the margins correctly. The opposite buccal is moulded in the same manner. To mould the



Fig. 5A



Fig. 5B

labial, soften the crest of the flange over the flange, temper in water and place in position. Mould the tissue down for frenum and cuspid space. The outline is now completed.

In securing adaptation over the posterior border it is necessary to place compound in firm contact with the soft palate. To secure this, use a compound tracing stick and trace a line of compound across the posterior border. Press firmly to position, remove and trim away excess, leaving the postdam about five millimeters in width.

With a scraper relieve the impression the full length of the median



Fig. 6

line to a depth of about two millimeters and the extent of the hard area as shown in Fig. 5B.

A thin mix of plaster is made and just enough to cover the surface is added to the impression. Seat firmly to position, posterior border first. Pull tissues down all around to remove excess plaster; then have



Fig. 7A

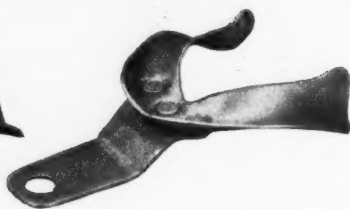


Fig. 7B



Fig. 8A



Fig. 8B



Fig. 8C

patient relax and place the tongue in contact with the impression. Close lips normally until the plaster sets thoroughly. Remove from the mouth (Fig. 6), shellac, sandarac, box and pour in artificial stone.

The lower is taken in full compound because it is simpler and more accurate.

A tray like the one shown in Fig. 7A is selected and trimmed as shown in Fig. 7B. This corresponds to the outline form of a lower, and about four sizes of these will handle all cases. It permits trimming without interference from the tray. Modeling compound is heated as for the upper and shaped in the tray as shown in Fig. 8A. Heat the surface to a velvety appearance, temper in water and seat to position firmly. Have patient raise the tongue to the palate and then protrude it from the mouth. Mould the tissues over buccal and labial. Chill this thoroughly in the mouth. Remove and trim with a knife to correct outline form. Fig. 8B shows the approximate outline. Look for the triangle posteriorly and trim until the impression comes just over it.

Study the impression. The external oblique line makes a depression on the buccal. Trim to the center of the line. The mylohyoid ridge usually shows and the impression should extend one millimeter below the ridge. The protruding of the tongue moulds the postmolar space. If you fail here, add compound in this region and mould it again.

Trim the frenum region as indicated by the chart and a study of the case. If raising the tongue moves the impression, you have over-extension and must trim until it is stable. If the impression is raised by opening the mouth, the buccal or labial is over-extended. Test these points and trim the impression until it is stable (Fig. 8C).

In this impression you try to obtain adaptation on the initial impression. The surface should be smooth and free from wrinkles or burned areas. If these show, you may reheat the surface and seat in position again, or a plaster wash may be added as in the upper.

Experience has taught that a knowledge of outline form and adaptation is the most essential factor in good impressions. The technic described is simple, yet has proved efficient. A little study and practice are necessary to master it, but select some one of the ways and do not be misled by thinking the technic is the only thing necessary in taking impressions. Remember that the impression is only one step, but an extremely important step, in constructing a satisfactory denture.

235 West 103rd Street.



## The Relation of the Laboratory to the Dental Profession

By Samuel G. Supplee, New York, N. Y.

(Continued from February)

### SUGGESTIONS FOR LABORATORY SERVICE

#### FULL DENTURES

*Impression Material.* Scientific use of either compound or plaster.

*Technic.* The all-compound technic should be employed only by those who have taken a practical post-graduate course in the scientific use of compound under a competent teacher. Doubtful impressions should be completed with a thin plaster wash taken with the mouth closed and the lips and cheeks at rest.

If plaster technic is employed they should be taken on a prepared baseplate or tray approximately fitted. The finished impression should be no larger than the *proposed* denture.

While it is recognized that a properly taken compound impression gives the best results, the plaster technic is the simplest and makes a satisfactory impression for Class 1 and Class 2 cases which represent the majority of edentulous mouths. It can be more readily handled by the inexperienced when a proper baseplate is prepared, and for this reason has become the most popular with laboratories. They like to see the extremely difficult cases referred to the prosthetic specialist.

*Central Occlusion* should be registered on stiff baseplates with the upper bite block representing the exact length and fullness of the upper teeth.

The median line, rest line, corners of the mouth and high lip line should be plainly outlined on the wax.

#### PARTIAL DENTURES

Full impressions of both jaws whether supplying one tooth or twenty-seven.

Material the same as for full dentures.

#### CROWNS AND BRIDGES

The impression must include the teeth on the opposite side which correspond to those to be supplied unless it involves only the molars. Under no circumstances should it include less than half the arch and vault.

*Impression Material* should be that with which the dentist can reproduce most accurately the true conditions in the mouth that are favorable to denture construction. Plaster preferred in most instances.



*State Tissue Conditions* and outline them on a chart or on the cast. Outline the size and design on either the cast or chart.

To give some idea of what the laboratories have to contend with daily, the following photographs and histories are presented with the thought of giving the laboratory man's side of a story which has had little consideration in the past.

#### CASE No. 1

Was from a dentist who had been in practice about eleven years and is typical of cases going through the laboratories every day.

The impression (Fig. 1) and bite (Fig. 2) were sent with instructions to complete the denture. Notice the large tray and the large

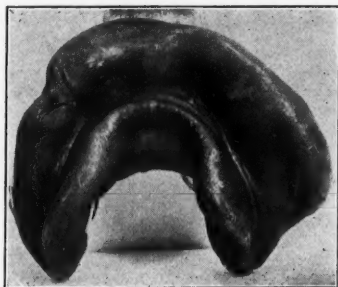


Fig. 1



Fig. 2

amount of compound used. The tray drove through the compound and came in contact with the cheek on the right side, as shown in Fig. 3. A little less than a quarter of a pound of wax was used in this "mash bite," both sides of which are shown in Figs. 3 and 4.

This impression was returned to the dentist with an especially pre-

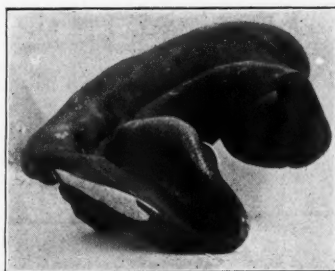


Fig. 3



Fig. 4

pared tray and a baseplate so that he could take a new impression and, at the same time, take a proper baseplate bite. A letter accompanied it, informing the dentist that it would be impossible to make a successful denture over his first impression and offering suggestions regarding the new impression and bite, particularly requesting an impression of the antagonizing jaw for articulation.

The dentist took a new impression, which was very little better than the first, and insisted that it be poured and the teeth set up for trial the same day. He took the bite on the baseplate but did not give an impression of the occluding teeth because he did not have time. (Time would not permit further photographs.) The plate was completed after the *second trial and a re-bite*. It was finally reported satisfactory.

### CASE No. 2

This case was from a dentist well known in local dental circles and in practice about seventeen years.

The impression (Fig. 5) reproduced indefinitely about half of the buccal and labial surfaces of the teeth and a small portion of the gum, particularly in the incisor region.

Instructions were to make a partial rubber plate with clasps and



Fig. 5

complete without trial. The impression was accompanied by a satisfactory wax bite and a satisfactory impression of the antagonizing jaw.

The impression was retained and the dentist requested to take a new impression and send detailed information. In reply he sent his lady assistant with a new impression, with instructions that the plate was for a Senator and must be completed the following day without fail. After careful examination the new impression proved to be very

defective and it was therefore decided to use the first one and complete the case.

The dentist stated that the case was satisfactory and the Senator highly pleased.

In order to make the denture, all the teeth had to be carved by guess, which indicated either that it was a good guess or that the dentist and patient did not know what to expect of a real denture.

### CASE No. 3

This case came from a very fine dentist who had been in practice about twenty-one years and was capable of taking good impressions by the plaster technic. He sent an impression, indicating that it was a quarter of an inch or more across the posterior border (Fig. 6).

The impression was built out by guess, the cast poured and a base-



Fig. 6



Fig. 7

plate made to the model. A bite was built on this according to the mouth-closed plaster technic and sent to the dentist, with instructions

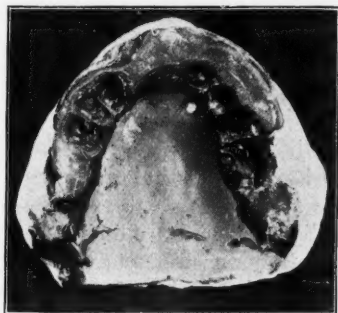


Fig. 8



Fig. 9

to take a new impression inside the baseplate and to give the necessary requirements. He took an excellent impression (Fig. 7), but failed to mark the centre, length and smiling lines and also to return an impression of the antagonizing jaw. When requested to send these, he replied, "Set them up by guess and use medium-sized teeth." The lines drawn on the impression in Figs. 6 and 9 were made in lead pencil by guess. Only the partial imprint of the few teeth indicated in Fig. 8 could be used for occlusion. The technician was obliged to set up the teeth by guess.

The case was reset several times before it was finished; for this the dentist did not care to pay.

#### CASE No. 4 (Fig. 10)

From a very busy dentist. The instructions were to make a fixed bridge with a porcelain facing inserted in the cuspid.

The impression of the cuspid was partly filled with wax, but the



Fig. 10

instructions seemed to indicate that it was a vital tooth. The molar apparently did not occlude. The squash bite included only part of the cusps of the antagonizing teeth. There was no way to determine accurately how much room had been allowed for the porcelain facing in front of the cuspid. The impression did not indicate any teeth on the opposite side of the mouth.

It was not advisable to proceed with the bridge because of the elements of risk. The dentist consented to take new impressions representing the teeth on the other side of the mouth so that the cuspid porcelain face might be set in proper alignment with teeth on the other side. It required about four telephone calls and more than five different attempts at impressions on the part of the dentist before the requirements were finally supplied. The case was an unprofitable one, except from an educational standpoint.

## CASE No. 5

From a very fine dentist in practice about thirty years; one capable of doing excellent work.

He presented a rather large impression with the request to make up a continuous gum case and wanted a criticism of the impression. Upon inquiry it was found to be a typical Class 4 case (one in which the ridge is flexible in the region of the six anteriors). The dentist explained that he would gladly take as many impressions as were necessary to make a successful denture. He was not familiar with the compound technic but could take good plaster impressions.



Fig. 11



Fig. 12

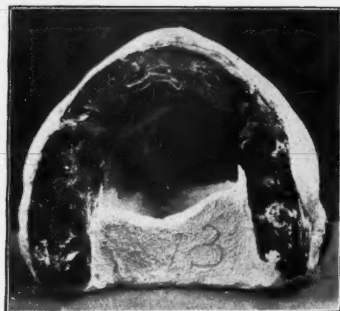


Fig. 13

Recognizing that in taking the impression he had forced the ridge slightly forward and upward, a cast was poured and a heavy piece of air-chamber metal laid over the region of the soft tissues, as in Fig. 11. A baseplate and wax bite were built, with the request that the dentist first take the bite, then use very soft plaster and place only a little in the palatal portion and an excess amount directly inside the labial border, the object being to displace the ridge downward and backward, or at least to avoid pushing it upward.

The dentist sent two impressions, both of which were very imperfect. Two other baseplates were sent and, after three attempts, the impression shown in Fig. 12 was finally received. This seemed to be satisfactory. The occlusal side of the final impression which was used to complete the denture is shown in Fig. 13, but he failed to send an antagonizing model for use in articulation, and it had to be returned again for this before proceeding with the case.

Because of the imperfect impression technic and delays, it required more than six weeks before the case was completed; and because of the considerable amount of time consumed, in returning and taking of new impressions, neither the dentist nor the laboratory could consider it a profitable transaction, except from an educational standpoint.

### SUMMARY

The five cases which are shown with descriptions of conditions surrounding their construction are not extreme but only a few of the many similar cases which pass through the hands of laboratory men all over the country every day in the week. The unfortunate part of the situation is the fact that the progressive laboratory owners and managers are spending a great deal of time in educational work. When dentists have become familiar with the technic, they are very prone to transfer their patronage to laboratories which can charge less because they have not been obliged to spend the time in education. Time is money to the laboratory man as well as to the dentist and must be considered a part of the cost of laboratory production. This is only one more reason why many laboratory men who are capable of giving this kind of information should be given more opportunities to present it before the various dental societies or have something to say with reference to educational requirements.



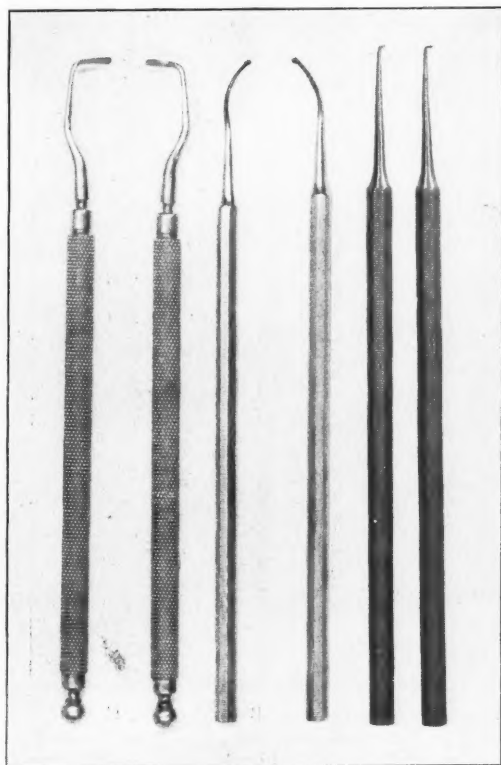


## Instruments, Dressings, Drugs, Special Equipment

By Elias Lieban, D.D.S., New York, N. Y.

Clinical Director and Lecturer on Root Canal Therapy, New York College of Dentistry; formerly Dental Surgeon of Lebanon Hospital, New York City; Metropolitan Hospital, New York City.

(Third Article)



A

B

C

Fig. 1

- A. Hatchet excavators for use in connection with hoe excavator for breaking away pulp roof.
- B. Right and left spoon excavators for removing soft dentin and contents of pulp chambers.
- C. Hoe excavators for breaking away pulp roof.

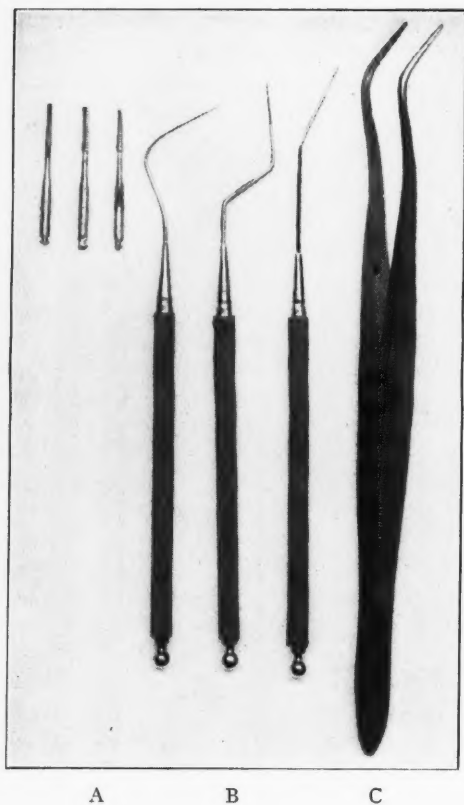
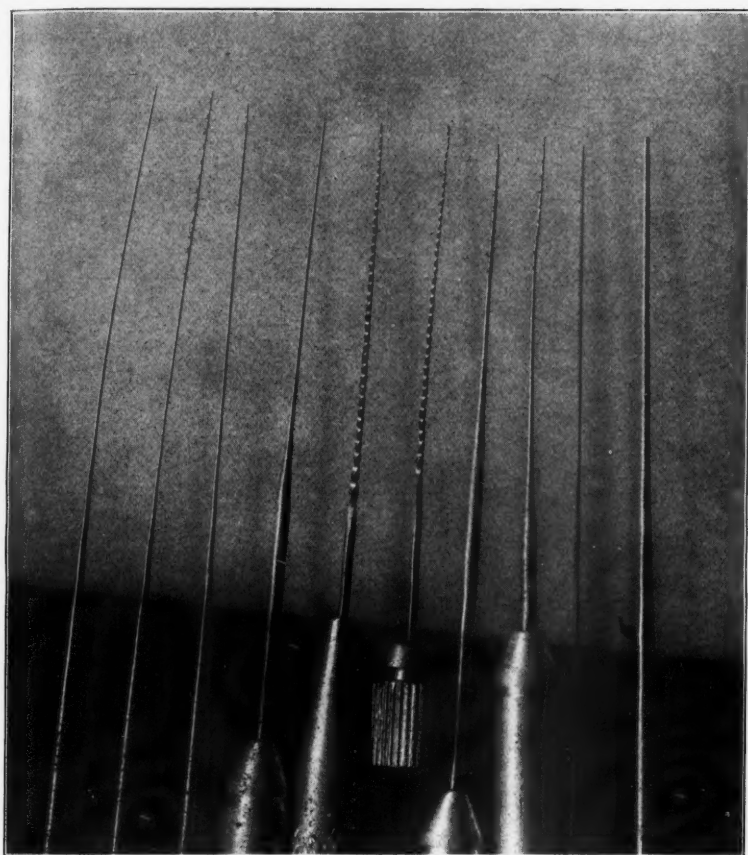


Fig. 2

- A. Rhein long-shanked right-angled, crosscut fissure burs for properly opening posterior teeth.
- B. Rhein root-canal picks, Nos. 1, 2, 3, for exploring and opening orifice of canal.
- C. Special serrated-end pliers for carrying dressings and gutta-percha points.



A B C D E F G H

Fig. 3. Magnified  $3\frac{1}{2}$  times

- A. Pathfinder. This is an exploring instrument used to give some appreciation of the size and direction of canals, and always precedes the use of the barbed broach.
- B. Barbed broach instrument used for extirpation of the pulp or for removing contents of root canals.
- C. Apexographer or apical curette used for removing any remaining debris in apical end of root.
- D. "Rhein's Universal Pick," designed to pick through debris or inorganic obstructions and to open small canals.
- E. Files, styles "B" and "D." Nos. 1 and 2, used for enlarging small canals. Used with a push motion.
- F. Rat-tail files, with long and short handles, used for enlarging small canals and for cutting the sides of the canal with a pull motion as indicated by the cut of the file.
- G. Smooth broach used as cotton applicator for swabbing and drying canals.
- H. Root-canal plugger manufactured in a range of sizes from those denoted as "XXX fine" to coarse

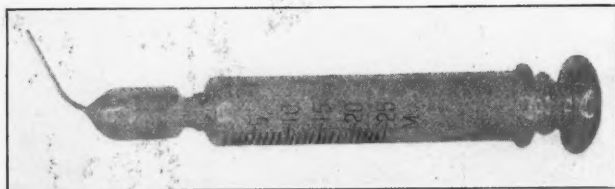


Fig. 4

Sausser irrigator, with platinum point, for irrigating canals.



Fig. 5

Portable model pulp tester and ionization switchboard.

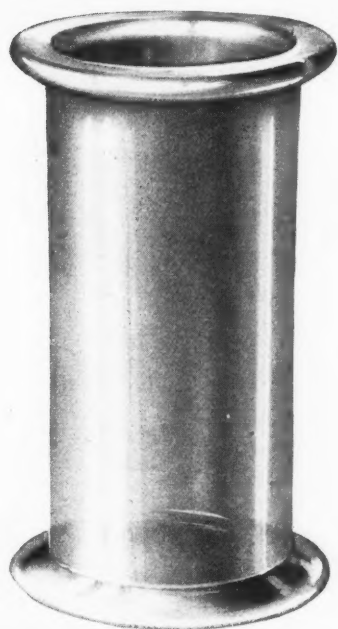


Fig. 6

Glass receptacle for sterilized long-handled, root-canal instruments such as pathfinders, barbed broaches, apexographers, picks, files, smooth broaches and pluggers, containing a solution of three parts 95% alcohol to one part eucalyptol.

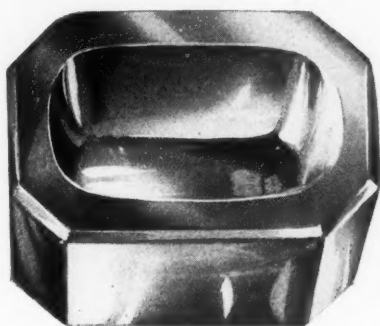


Fig. 7

Glass receptacle for receiving waste dressings, etc.



Fig. 8

Partitioned glass receptacle for cotton pledgets, bibulous paper and gutta-percha points.



Fig. 9

Air-tight glass receptacle.



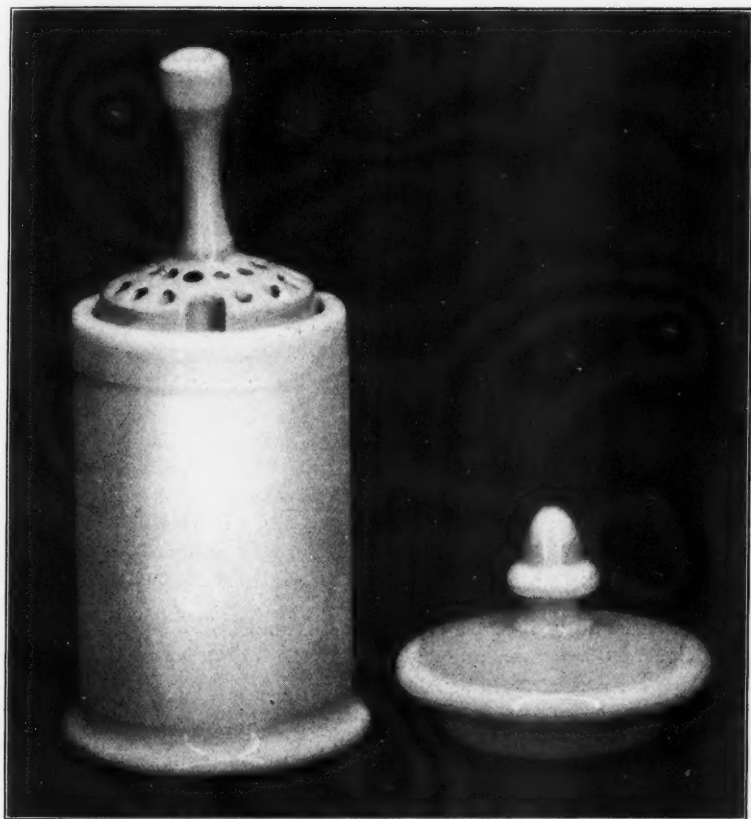


Fig. 10

Broach sterilizer used for retaining sterilized short-handled, root-canal instruments such as canal files, rat-tail files and Gates Glidden drills, containing a solution of three parts of 95% alcohol to one part eucalyptol.

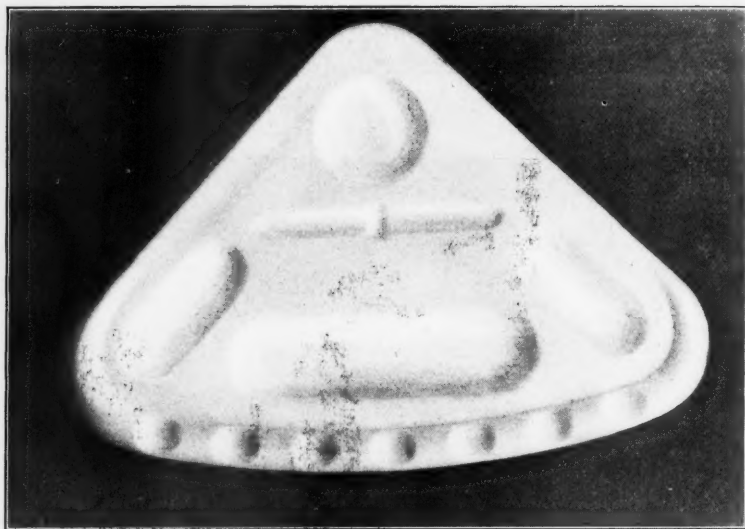


Fig. 11

Aseptic medicament tray.

### INSTRUMENTARIUM

1. Hatchet and hoe excavators (Figs. 1-A and C).
2. Right and left excavators (Fig. 1-B).
3. 1 pair 4-inch straight scissors.
4.  $\frac{1}{2}$  doz. Rhein special long-shanked fissure burs, assorted, Nos. 2, 4, 6 (Fig. 2-A).
5. 1 set Rhein root-canal picks, Nos. 1, 2, 3 (Fig. 2-B).
6. 1 pair serrated-end pliers (Fig. 2-C).
7. 1 doz. pathfinders,  $\frac{1}{2}$  doz each XXX and X fine (Fig. 3-A).
8. 2 doz. mounted barbed broaches,  $\frac{1}{2}$  doz. each XXX, XX, and X fine and medium (Fig. 3-B).
9. 1 doz. apical curettes,  $\frac{1}{2}$  doz. each XXX and X fine (Fig. 3-C).
10. 1 doz. picks, assorted (Fig. 3-D).
11. 2 doz. files,  $\frac{1}{2}$  doz. each No. 1 style "B" and "D" and No. 2 style "B" and "D" (Fig. 3-E).
12. 1 doz. rat-tail files,  $\frac{1}{2}$  doz. each long and short handles, assorted (Fig. 3-F).
13. 1 doz. smooth broaches (Fig. 3-G).
14. 1 set root-canal pluggers, assorted (Fig. 3-H).

15. 1 right-angled Gates Glidden drill No. 174.
16. Diagnostic wires.
17. Sausser irrigator (Fig. 4).

## DRESSINGS

- |                                 |                      |
|---------------------------------|----------------------|
| 1. Aseptic napkins No. 2.       | 3. Absorbent points. |
| 2. Cotton pledgets, small size. | 4. Bibulous paper.   |

## DRUGS AND INCIDENTAL MATERIALS

- |   |  |
|---|--|
| 1. Iodin.                                     | 15. Chloroform.  |
| 2. Alcohol 95%.                               | 16. 1 bottle "Roso-Form" (chloroform and rosin solution).  |
| 3. Collodion.                                 | 17. Chloro percha (chloroform and gutta-percha solution).  |
| 4. Eugenol.                                   | 18. Solution magnesium sulphate 50%.                       |
| 5. Neurocain tablets.                         | 19. Oil of eucalyptus.                                     |
| 6. Thymol.                                    | 20. Zinc oxide.  |
| 7. Formocresol.                               | 21. Xylol.   |
| 8. 1 tube Schreier's sodium and potassium.    | 22. 1 box each mynol gutta-percha points, fine and medium. |
| 9. Sulphuric acid paste.                      | 23. 1 sheet dental rubber.                                 |
| 10. Sodium bicarbonate.                       | 24. Baseplate gutta-percha.                                |
| 11. Marchand's peroxide of hydrogen.          |  |
| 12. Bichloride of mercury.                    |  |
| 13. Lugol's solution.                         |  |
| 14. 3% zinc chloride in normal salt solution. |  |

## SPECIAL EQUIPMENT

1. Pulp testing and ionization outfit (Fig. 5).
2. Glass receptacle for sterilized instruments (Fig. 6).
3. Glass receptacle (Fig. 7).
4. Partitioned glass receptacle with cover (Fig. 8).
5. Air-tight glass receptacle (Fig. 9).
6. Broach sterilizer (Fig. 10).
7. Aseptic medicament tray (Fig. 11).
8. 2-oz. measuring glass.

17 West 42nd Street.

(To be continued)

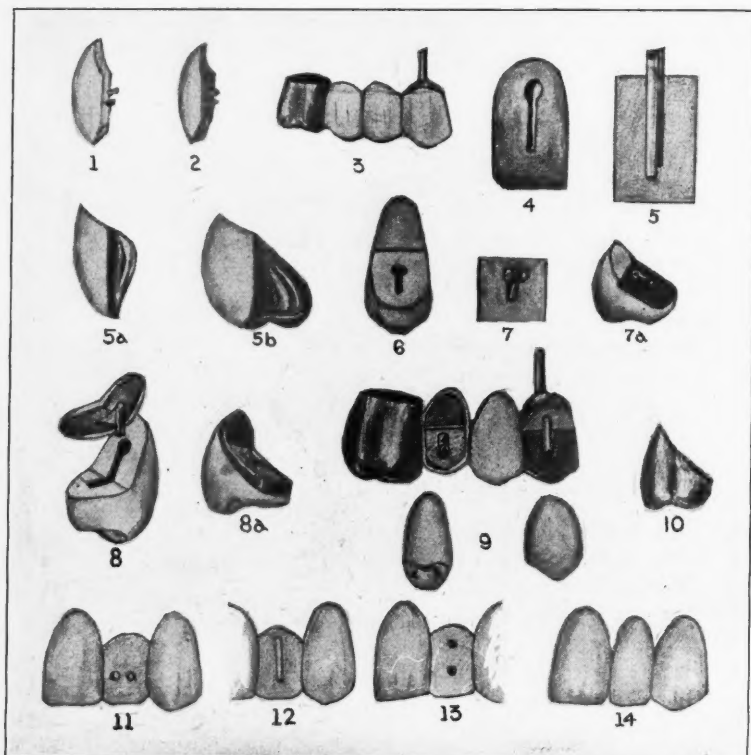


## Porcelain Facings, Posteriors, Crowns and Gold Dummies.

By Anastasis G. Augustin, D.M.D., New York

### THE PIN FACING

When the abutments are ready on the articulator, select the proper facing, the shade of which corresponds to that of the adjacent teeth. Grind the porcelain facing to adapt the outline of the gum, and protect the incisal edge against fracture, by beveling off at an inclined angle



as in Fig. 1. Now proceed to back the facing either with platinum plate 38- to 40-gauge or with pure gold 32- to 36-gauge. When a darker shade of porcelain is preferred the former should be used, and if a yellowish shade is desired the latter should be used. Have the porcelain free of wax and other impurities by wiping it with cotton dipped in chloroform. When the backing is trimmed to the porcelain,

remove and anneal it in flame and acid bath; fit it back on the facing; and swage it as in Fig. 2, which shows backing and facing ready to be waxed to the abutments. If the facing is to be used for the restoration of a posterior tooth, then at this stage carve the cusps with the opposing bite in position. Take a plaster impression of the occlusal surface; make a Mellotte's metal die; swage a 30-gauge pure gold plate to this; trim and fasten it with sticky wax in position. Remove the bridge; invest it in a metal ring of sheet iron to prevent expansion and contraction and fracture of investment. Boil the wax out of the investment; dry it; and solder with 18-K solder. Be sure to have the investment uniformly hot, to insure the flow of solder. After soldering, boil the bridge in acid to remove the impurities. In finishing, the incisal edge should be burnished toward the facing. When ready, polish the bridge. Fig. 3 shows the work completed.

#### INTERCHANGEABLE FACINGS

These have one advantage over pin teeth as the facings can be removed from their position previous to soldering; thus the danger of fracturing the facing is eliminated. They could be easily replaced also in repair work. While the pin facings have the advantage over the interchangeable type in that they are more natural-looking due to the bulk of porcelain, they are also stronger. The cement in the interchangeable facings contributes to the difficulty in attaining the proper shade, due to the reflection of cement. The disadvantage in the pin facings is their difficult replacement when cracked. However, the percentage of such accidents is small. These are repaired either with synthetic porcelain and celluloid facing forms or by the use of one of the repair outfits. One method is shown in Figs. 11, 12, 13, 14. Fig. 4 shows a type of interchangeable facing. Fig. 5 shows a backing. Fig. 5a is the finished facing used in the anteriors. Fig. 5b is the tooth used in the posteriors and shown in different steps by Figs. 6, 7, 7a, 8, 8a, 9.

#### GOLD DUMMIES

These are seldom employed but are used in the posteriors for dummies when strength is preferred to appearance in close-bite cases. A gold dummy could be made either by carving in inlay wax on the articulator, casting, and then soldering to the abutments, or by swaging the cusps in 30-gauge pure gold plate and making a half band, waxing these two in place, filling with scrap gold, and soldering with 18-K gold solder. Fig. 10 shows half band and cusps. The same could be constructed by swaging a seamless crown and then trimming it to position. If a lightweight gold dummy is desired, simply reinforce the

cusps with solder in the usual way and solder a piece of gold plate over the back of the half band, leaving the dummy hollow.

#### ALL PORCELAIN CROWNS

All porcelain crowns, or tube teeth, are used in removable bridge-work, and make good, strong bridges.

167 West 71st Street.

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## The Family Dentist

By Herbert R. Packard, D.D.S., Pasadena, Cal.

EDITOR'S NOTE.—Here is a short article which should prove extremely valuable to a great many of our readers. The general practitioner or so-called "family dentist" is too often lured away from his clientele by the siren song "Specializing." Specialization is all very fine and necessary, and for many unusual conditions the specialist (if he has a thorough training and a background of general practice) is the only one to whom cases should be referred, but what the people need is more family dentists who can do *more* than fill simple cavities and send all other work to the specialists.

An annual "brushing up" will do more to put new interest into your professional life than anything else of which we can think.—(L. W. D.)

Specialization in any phase of human endeavor produces an unbalanced man. The well-developed all-round athlete is not developed by specialized training. The well-balanced business man must be thoroughly conversant with all branches of his line. The successful family dentist must be expert in the different branches of dentistry; and while there is undoubtedly a place for specialists, there is a far larger field for the man in the practice of general dentistry who has taken up the different phases of dentistry and given them special attention and special study. The average family wants a man to whom the whole family can appeal, Willy, Will, Bill, or William, as well as from Dot to Dorothy.

This plea is for a better trained man in the general practice of dentistry, which can be best accomplished by taking advantage of the post graduate courses offered, preferably by our larger universities.

If the man who, after taking an unbiased inventory of himself, concludes that he is in a rut, resolves to take up three post-graduate courses in, for example, pyorrhea, denture construction, radiography and diagnosis, a new world will be opened up to him, the birds will begin to sing once more, and he will again realize that dentistry is the most important calling in the world and also appreciate anew its unlimited possibilities. The best place to begin is in the branch that



gives the most trouble, which is evidence that he is most in need of special training along that line. Then let him continue through the list until he is a well-rounded man.

Stop, take an inventory (your wife may be able to help), then map out a five-year program of restocking your mental as well as your mechanical abilities, and the community will be benefited.

607 Central Bldg.

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## A New Dental Clinic

By Horace M. Coats, Indianapolis, Ind.

A dental clinic that will stand as a perpetual memorial to the dentists of Indiana will be installed in the James Whitcomb Riley Hospital for crippled children, now under construction at Indianapolis, as a memorial to the famous Hoosier poet and a haven of cure for more than 10,000 crippled and diseased children of the State. The dental clinic will be the gift of the dentists of Indiana, funds for which are being contributed through a campaign now in progress among the members of the profession.

The James Whitcomb Riley Hospital for crippled children is being constructed with funds obtained through popular subscription of residents of the Hoosier State, with State aid, and will be a \$2,000,000 institution. It will have a capacity of 350 to 500 beds, with an annual capacity of 3,500 patients.

Indiana dentists, in their campaign, are raising a fund of \$25,000 with which to finance the dental clinic. Dr. John B. Carr and Dr. F. R. Henshaw, both of Indianapolis, and Dr. E. V. Bull of Linton, Ind., are members of the Riley Hospital Committee of the Indiana State Dental Association, in charge of the campaign among the State dentists. Already many liberal contributions have been made by practitioners and the dental committee hopes to have as near as possible a one hundred per cent subscription from Indiana dentists.

The campaign is being conducted along unique lines. No specific amount has been allotted the dentists to subscribe. All subscriptions are payable either in cash or over a period of four years. Thus a pledge of \$100 toward the dental clinic fund is reduced to an annual payment of \$25, which makes it easy for practitioners to make comparatively large gifts.

All subscriptions made by the dentists are credited to the Dental Association fund and will be used exclusively in the establishment and equipment of the dental clinic in the Riley Hospital.

Although the advice of the Indiana State Dental Association will

be sought by the hospital authorities in the installation of the dental clinic, it, with all other departments of the institution, will be under the direction of the hospital authorities.

In the opinion of the Dental Association committee, the dental clinic will be one of the most important parts of the Riley Hospital. Many of the children, they believe, who come to the hospital for examination and treatment, may be suffering from ailments caused by infected teeth. Correction of these ailments may be the solution of the child's poor health, they believe, and will make further treatment unnecessary.

The equipment of the dental clinic will give assurance that all dental needs of the patients in the institution will be cared for with the treatment that is needed for each individual case. Similar to other departments of the hospital, the dental clinic will be open to children from every county in the State. Admission to the clinic will be based upon the needs of the child and the capacity for treatment. The age limit for entrance to the hospital will be 16 years, according to statute.

In addition to the subscriptions of the dentists of the State, a splendid subscription will be made by dental dealers in the form of equipment.

The James Whitcomb Riley Hospital will be the centerpiece of the largest hospital group in the country. It will be surrounded by a 150-acre park, the gift of the city of Indianapolis, and will be one of a group consisting of the Indiana University School of Medicine, the Robert W. Long Hospital, both under the direction of the board of trustees of Indiana University, and the Indianapolis City Hospital. The Indiana Rotary Convalescent Home, a part of the Riley Hospital, also will be included in this group.

One unit, the administration building, of the hospital, erected at a cost of \$500,000, and which will have a capacity of 120 patients, will be completed early in 1924. Other units are being constructed as fast as funds become available.



## Gold Medal Presented to Dr. Otto U. King by the Odontological Society of Cuba

In December, 1922, Dr. King witnessed a remarkable parade of 10,000 children in the City of Havana, Cuba. These children had the finest teeth he had ever seen, and when Dr. King returned to the States he took pleasure in expressing his admiration of such an exhibition. His remarks were published in *THE DENTAL DIGEST* for February, 1923.

In 1923, the Odontological Society of Cuba decided to award to Dr. King the highest honor within its power, a gold medal, which had previously been awarded to only two of its members, Dr. Weiss and Dr. Weber. This medal can be awarded only in solemn session, and



1. Dr. Weiss. 2. Dr. King. 3. Dr. Castro. 4. Dr. Miranda. 5. Dr. Le Roy.  
6. Dr. Reinecke. 7. Dr. Masvidal. 8. Dr. Turro. 9. Dr. Porto. 10. Dr. Rocafort.  
11. Dr. Torralbas. 12. Dr. Portillo.

the recipient must be either present in person or represented by a duly appointed substitute.

Dr. King was so deeply appreciative of the honor tendered by his Cuban colleagues that he went to Cuba. The session occurred on the night of November 28, 1923, in the Paranymp of the Academy of Medical, Physical and Natural Sciences, Havana. This is the great Cuban temple of science, in which all honors are bestowed upon notables.

The high esteem in which Dr. King, as a representative American dentist, is held is shown by the presence of a most distinguished audience. The President of the Republic was represented by Dr. Porto, Secretary of the Sanitary Department. The Secretary of Public Instruction was present, as was the Secretary of the Academy of Science, who appeared also as the representative of the President of the Academy, and the Dean of the Faculties of Medicine, Dentistry, and Pharmacy appeared not only in his own capacity, but as representative of the Rector of the University. The representative of the Mayor of the City of Havana also was present, as were the officers of the Cuban Odontological Society—President Dr. Weiss, Vice-Presidents Dr. Rocafort and Renté de Vales, Secretary Dr. Miranda and Officers Drs. Portillo and Turró.

In the course of his remarks, preceding the official presentation of the medal to Dr. King, the President of the Society, Dr. Weiss, spoke in high praise of the work Dr. King has done as Secretary of the American Dental Association. He recognized in Dr. King unflagging industry and the exhibition of the highest quality of executive management, the ability to develop other men to do better than they did before, and a genius in initiating effort and in the still more difficult work of maintaining organization, in ensuring harmony of intention and concert of effort among groups which, with less skillful direction, might easily become not only discordant but antagonistic. The Society also recognized, with great satisfaction, Dr. King's openminded and encouraging attitude toward the work it has been doing and took great pleasure in conferring upon Dr. King the highest visible testimonial of appreciation, the gold medal.

Dr. King replied to the remarks of the President as follows:

"Mr. President, distinguished representatives of the Cuban Government, Dr. Weber, Fellows, ladies and gentlemen:

"Personally, and in behalf of the great dental profession of America, I bring to you greetings and felicitations. To the distinguished members of the Cuban Cabinet, who have honored us with their presence tonight, and to the citizens of this country, I bring a message of good will and best wishes for continuous progress in the consummation of all of your ideals leading to the highest form of representative government.

"Dentistry a few years ago in my country was in the background, but today, because of the development that has been made in dental science and because dentistry rendered a great health service to our country in the late war, we are now in the foreground of the picture in public health.

"The organization which I represent has grown during the last ten years from a membership of 650 to an active membership of 34,000.

"If ignorance relative to what dentistry has in its power to give humanity were eradicated, ten years would be added to the average life of man. The citizens of my country are becoming conscious of the tremendous educational value that lies in preventive dentistry.

"It was my privilege to be invited to visit Havana last autumn to attend the VI Latin-American Medical Congress. At that time I lost a little of my egotism relative to what we were doing in the States in practical public dental service. We felt that we had accomplished great things; but when I had the privilege of witnessing the 10,000 school children in the mouth hygiene parade during the session of this Congress, I was made conscious of the fact that the dental profession of Cuba had done a meritorious piece of work in the accomplishment of a great educational program through the schools of this city. I sat in the reviewing stand and saw what I had never witnessed before, 10,000 school children, each one of whom was wearing good shoes, new stockings, clean and well-fitting clothing, with hands washed, fingernails manicured, hair well dressed and with the most wholesome and the cleanest mouths that I have ever seen.

"On that occasion I gave my congratulations officially and individually to the dentists of this city not only for the program that they had consummated, but for the unusual method of presenting prizes to the contestants in this mouth hygiene demonstration.

"A few days ago at Cleveland, Ohio, we held the sixty-fifth annual session of the American Dental Association. This was, from every standpoint, the most successful meeting in the history of dentistry. We established a new landmark in dental educational program building.

"One of your distinguished citizens, chairman of this august assembly, Dr. Weiss, honored us on that occasion with his presence, and also contributed some of his scientific knowledge to the program.

"He was also a bearer of a message and an invitation to me announcing that the Sociedad Odontologica Cubana had elected me to honorary membership by unanimous vote. This was a distinct surprise and wholly unexpected, the significance of which I have not yet fully realized. I find myself tonight, however, in the embarrassing position of being unable to express to you in your language my great appreciation of the distinguished honor that has been conferred upon me; the English language does not have the necessary adjectives to convey to you in words the feelings of appreciation of my soul. It is aflame tonight with the fire of appreciation and courtesy that is being bestowed upon me and the dental profession of America, for in honoring me I realize that you are above all paying a tribute to the dentists of America.

"There is another feature of this program tonight that brings great joy, satisfaction and honor to me, for you have selected this occasion also to bestow the gold medal and likewise the degree upon one of the

most distinguished and erudite dentists living in the world today, your fellow-countryman, Dr. Andrés G. Weber.

"I have been advised that in this great assembly tonight we have represented your leading statesmen, educators, and in the student body the leaders of the arts, sciences, and statesmanship of tomorrow. To each one of you, personally and in behalf of Mrs. King and the dental profession of my country, I want to thank you for the great honor you are conferring upon us in attending these never-to-be-forgotten ceremonies. You are paying me a great tribute and I expect to go out from this scene with the feeling that you have established a new monument on my highway of life and given me a determination to put forth an increased effort to achieve a more serviceable program of life.

"Wherever my future life may lead, I shall ever look back on this occasion as one that brought to me a renaissance—a greater appreciation of the artistic, intellectual and spiritual sides of life. With humility of spirit and an appreciation which I am unable to express, I again thank you for presenting me with this parchment and the gold medal."

On the evening of the 29th of November, which was Thanksgiving Day, the members of the Odontological Society, desiring to perpetuate for Dr. and Mrs. King something of the conditions which would attend them at home on that evening, tendered them a banquet at the Hotel Sevilla-Biltmore. Short addresses were made, and Mrs. King was presented with a huge bouquet of American Beauty roses, given by the wives of the members of the Society. The guests at this banquet, which was briefly noted in our January issue, were as follows:

Dr. and Mrs. King, Dr. and Mrs. Andrés Weber, Dr. and Mrs. Andrés del Portillo, Dr. and Mrs. Angel Vieta, Dr. and Mrs. Ramón Moeller, Dr. and Mrs. R. L. Lasater, Miss Lucia Weiss, Dr. Marcelino Weiss, Dr. Renté de Vales, Dr. Blas Rocafort, Dr. Eugenio Forns, Dr. Rafael Viada, Dr. and Mrs. H. Recio, Dr. O. Fonseca, and Dr. Teodoro Miranda.

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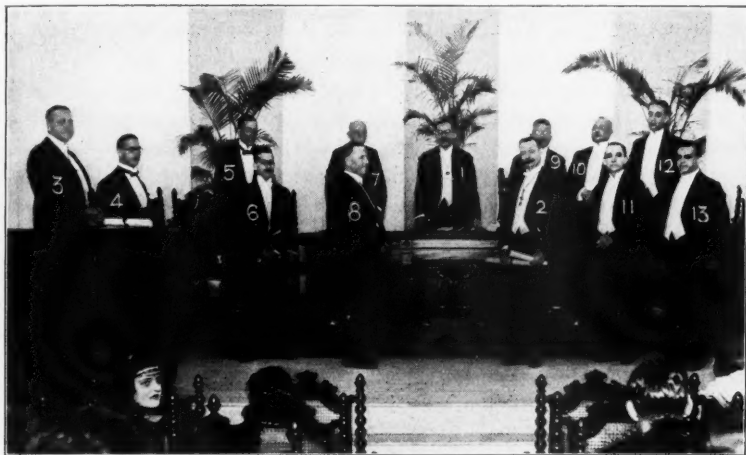
### Presentation of a Gold Medal to Dr. Andrés G. Weber

At the same solemn session of the Odontological Society of Cuba at which the gold medal was bestowed upon Dr. Otto U. King, and in the presence of the same distinguished audience, a similar gold medal was bestowed upon Dr. Andrés G. Weber.

Dr. Weber, who is far less well-known in the United States than his merit and labors deserve, is probably one of the most erudite dentists in the world. Not only has he given a lifetime to the study of dental

literature, but he has made a complete classification of that literature in twenty languages. It is possible for him, almost immediately, to assemble all the knowledge upon any subject of dentistry that has been put into print. Dr. King said, in the course of his remarks at Cincinnati, that this work alone was worth going to Cuba to see. Of course, any American dentist visiting Cuba should make it a point to become acquainted with Dr. Weber.

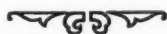
Dr. Weber has been the recipient of many honors from his brethren in the profession. The V International Dental Congress at Berlin conferred upon him a medal for his scientific contributions. The Havana Dental Society awarded him its gold medal and an honorary



1. Dr. Weiss. 2. Dr. Weber. 3. Dr. King. 4. Dr. Portillo. 5. Dr. Torralbas. 6. Dr. Miranda. 7. Dr. Porto. 8. Dr. Rocafort. 9. Dr. Castro. 10. Dr. Le Roy. 11. Dr. Reinecke. 12. Dr. Masvidal. 13. Dr. Turro.

membership, and he is a member of the Academy of Medical, Physical and Natural Sciences of Havana.

In reply to the remarks of the President, which briefly enumerated the services of Dr. Weber to the profession, Dr. Weber spoke with much feeling upon the pleasure he had taken in his work and the credits and honors he had received from his fellow-members of the profession. He referred to himself as carrying on the work begun by his father.





## January Meeting

### Second District Dental Society of New York

(This report is neither official nor complete. It represents the impressions made by the speakers on one of the audience.)

The dentist is so busily occupied in taking care of the well-being of others that he frequently neglects his own health. Late working hours, irregular meals and lack of exercise all combine to "junk" him before he has taken out of life the mileage which he deserves. When the opportunity of listening to sensible advice appeared, the dentists of Brooklyn eagerly responded. It was an unusually large group of dentists who attended the Second District Meeting in January and you could tell by their warm applause that they meant to follow out the advice of the speakers.

Henry A. Higley, M.D., Pathologist at the Brooklyn Eye and Ear Hospital, spoke on "High Blood Pressure from the Standpoint of the Dentist." In presenting the subject of high blood pressure, he described it as a gradual process which takes the victim unawares. There are invariably two things to be seen in the history of all sufferers from high blood pressure—over-eating and no exercise. It is common knowledge that the work of a dentist does not demand the physical energy of a day laborer, yet there are many dentists who consume an amount of food out of all proportion to their needs. And no exercise! As a result, the dentist increases his waistline and shortens his lifeline. High blood pressure is encouraged. A man of forty who is overweight has twenty more chances of acquiring diabetes than one whose weight is normal.

Miss Anna L. De Planter of Philadelphia spoke on the subject of "Diet as a Health Factor for Dentists" and brought out some interesting points in regard to diet. Calcium, she said, is the balance-wheel of nervous energy. This is best supplied through milk. Phosphorus is essential in the diet and is supplied by raw fruits. Iron is also needed and readily supplied by any of the leafy vegetables. Vitamin B, responsible for nerve stability, is provided for in vegetables and raw fruit. There is no doubt that most of us do not choose our foods intelligently but are influenced rather by what we like. Too much food, particularly of the wrong kind, is unquestionably harmful. It is especially injurious to eat heavily through a period of nervousness or great fatigue. A model breakfast was described by Miss De Planter. It should consist of a fruit, a cereal, toasted whole-wheat bread and coffee. A good lunch comprises soup, salad, whole-wheat bread and fruit dessert. Dinner should embrace soup, meat and leafy vegetables, as these contain the needed calcium, phosphorus and iron.



Sylvester Leahy, M.D., of Brooklyn, took for his subject "Common Factors in the Causation of Nervousness," and told his hearers that a large number of those admitted to state hospitals for the insane were suffering fundamentally from nervousness. After proper treatment at least one-fourth of them were able to return to their homes within the year. He said that a nervous condition may frequently express itself as a physical ailment and told of a school teacher who was cured of lameness by the removal of a definite cause of her nervousness.

There are certainly few occupations which tend to attack one's nervous temperament as consistently as the profession of dentistry. This brings us to the question of mental health. George F. Poole, M.D., of the New York Y. M. C. A., who took up the need for proper exercise under the heading of "Physical Exercise in Relation to Health," said that neither exercise nor nutrition could be of real benefit without the proper mental attitude. Real happiness was the great factor in life which comes about through a clear, bright, healthy mind. Cheerfulness beautifies the outlook on life and everything goes more smoothly. Exercise, said Dr. Poole, must be of such a character that the respiratory function is increased. The heart must be made to beat faster; you must get up a sweat to get any real value from exercise. One of the saddest things, he believed, was to see men who had forgotten how to play—slaves to their work.

There is no doubt that many who were present determined then and there to profit by the valuable message on health. We who preach to our patients the doctrine of a "sound mind in a sound body" should not overlook our own teachings.

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## Westchester Dental Society

(Affiliated with the Allied Dental Society)

The next regular meeting of the Westchester Dental Society will be held at the Yonkers Chamber of Commerce, 35 South Broadway, Yonkers, N. Y., on Tuesday, March 18, 1924, at 7:30 P. M.

The essayist of the evening will be Dr. Paul R. Stillman and his subject will be "Physical Culture for the Gingiva." The lecture will be illustrated by lantern slides.

At the January meeting of the Society, held in Yonkers on January 15th, an exceptionally interesting and instructive lecture on "Dental Economics" was given by Dr. George Wood Clapp, Editor of THE DENTAL DIGEST.

In the course of his talk, the essayist laid particular stress upon the following points:

1. A dentist cannot be honest with his patients unless he knows that the fee which he is to receive for an operation is equal to the cost of the operation plus a living profit.

2. The only basis upon which fees fair to both patient and dentist can be determined is a knowledge of costs.

3. A great need by the profession and the public is good dental service at moderate fees. This is possible only when the dentist develops an organization which is administered as intelligently, from an economic point of view, as it is from a professional point of view.

4. Such an organization can render good service at moderate fees, with less burden upon the dentist, and make a larger profit annually for the dentist than usually results from the operation of a small organization.

At this meeting a table clinic on Dr. I. Brown's Lock-in Bridge Attachment was given by Dr. Victor H. Siebel.

A. S. ROCHLIN, D.D.S., *President*,  
205 Flagg Bldg., Yonkers, N. Y.

H. ROSENBERG, D.D.S., *Secretary*,  
15 Palisade Ave., Yonkers, N. Y.

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## A New Dental Directory

It is pleasantly interesting to learn that R. L. Polk & Co., the largest directory publishers, have in course of preparation a new edition of their Dental Register and Directory. The last one they published was in 1917; since then many changes have taken place. The compilation and management is in charge of the Chicago office of the publishers, Rand-McNally Building, 538 S. Clark St., and the editorial matter is in care of Dr. Louis Ottofy, who is widely and favorably known to the dental profession as a dental lexicographer.

The work will contain the list of dentists listed in alphabetical order by states, provinces, cities, towns, etc., in the United States, its insular and non-contiguous possessions; Canada according to the provinces and Newfoundland; also a complete alphabetical list of all the dentists of North America; all dental laws in force, including those most recently enacted; the U. S. Army Dental Corps; lists of dental schools, societies, boards of dental examiners, auxiliary and postgraduate institutions, national and interstate associations, etc.

Vast and important changes have taken place in the dental profession since the material for the last edition was assembled in 1916. The entrance of the United States and Canada into the war has led to

an unprecedented development and progress. As one of the results, a considerable increase in the number of dental practitioners has taken place; many changes of location, removals, etc., have also resulted. This naturally means the addition of a large number of names and corrections, and of much useful information pertaining to the present status of the profession.

It is the policy of the publishers to make this new edition not only a directory in the ordinary sense, but a useful work of reference for all who are in any way directly or indirectly interested in dentistry. Many new features will therefore be added, among them the following: the reciprocity arrangements between the several states; dental research, dental libraries; societies and clubs; dental fraternities; code of ethics; dental insurance, benefit and protective companies; dental societies composed of specialists; the Army Dental Corps in Canada as well as in the United States; the Navy Dental Corps; industrial dentistry; information pertaining to the field of dental hygiene and preventive dentistry; dental clinics in public and private schools; dental infirmaries; lists of manufacturers and dealers in dental supplies and specialties made for the use of dentists; all recently enacted laws governing the practice of dental hygienists; women's activities in dentistry; associations of dental mechanics and dental assistants; list of dental laboratories; list of the principal dental, medical and allied books and their publishers; number of dentists according to the decennial U. S. Census; number of dentists annually graduated from dental schools; all information obtainable at the time of going to press pertaining to the Seventh International Dental Congress to be held in Philadelphia in 1926, and like additional information of interest to dentists, manufacturers, dealers in dental supplies and all allied interests.

It is evident that a work of so extensive a scope cannot be made perfect without the cordial cooperation of all who are interested, and it is confidently hoped that the courteous requests for information on the part of the publishers will be met with prompt and cordial response, as in the final analysis it will be those who are interested in this important profession who will be most benefited by a complete and reliable presentation of all data.



# Russian Relief Fund Contributions

## AMERICAN DENTAL ASSOCIATION

<b>ARKANSAS STATE DENTAL SOCIETY</b>		
A. T. Harper, Cotton Plant .....		\$5.00
<b>CALIFORNIA STATE DENTAL SOCIETY</b>		
California State Dental Society.....	\$660.00	.....
C. C. Corbiere, Redding.....	10.00	.....
G. B. Little, Palo Alto .....	10.00	.....
L. A. Burger, Oakland.....	5.10	.....
		<hr/>
		685.10
<b>COLORADO STATE DENTAL SOCIETY</b>		
Colorado State Dental Society .....	300.00	.....
E. H. Taylor, Telluride .....	2.50	.....
		<hr/>
		302.50
<b>CONNECTICUT STATE DENTAL SOCIETY</b> .....		400.00
<b>FLORIDA STATE DENTAL SOCIETY</b> .....		200.00
<b>GEORGIA STATE DENTAL SOCIETY</b>		
F. C. Wilson, Savannah .....		50.00
<b>ILLINOIS STATE DENTAL SOCIETY</b>		
*Illinois State Dental Society.....	1,868.50	.....
Peoria County Dental Society.....	165.00	.....
Chicago Dental Society, North Suburban Branch.....	50.00	.....
Knox County Dental Society.....	12.50	.....
J. W. Ford, Chicago.....	5.00	.....
H. C. Dewey, LaGrange.....	3.00	.....
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		2,104.00
<b>INDIANA STATE DENTAL SOCIETY</b>		
Evansville Dental Society.....	75.00	.....
*Hammond, Ind., Dentists.....	50.00	.....
West Central Dental Society.....	50.00	.....
M. M. Alexander, Marion.....	50.00	.....
<b>The following dentists contributed \$1.00 each:</b>		
R. C. Day, Vincennes; E. D. Gilford, Morganfield, Ky.; F. A. Hamilton, Indianapolis; J. C. Smiley, R. D. Smiley, R. M. Smiley, Washington; V. W. S. Trippett, Princeton; W. O. Trueb, Evansville .....	8.00	.....
		<hr/>
		233.00
<b>IOWA STATE DENTAL SOCIETY</b>		
Des Moines District Dental Society.....	100.00	.....
Burlington Dental Assistants.....	10.00	.....
		<hr/>
		110.00
<b>MARYLAND STATE DENTAL SOCIETY</b>		
H. E. Kelsey, Baltimore.....		5.00
<b>MASSACHUSETTS STATE DENTAL SOCIETY</b>		
J. H. Nesson, Boston.....		5.00
<b>MICHIGAN STATE DENTAL SOCIETY</b>		
A. Ericson, Marquette.....		5.00
<b>MINNESOTA STATE DENTAL SOCIETY</b>		
E. D. Bettenhausen, Duluth.....	15.00	.....
L. R. Hoelzle, St. Paul.....	5.00	.....
		<hr/>
		20.00
<b>MISSISSIPPI STATE DENTAL SOCIETY</b> .....		200.00

**MISSOURI STATE DENTAL SOCIETY**

J. A. Heck, St. Louis.....	5.00	.....
H. I. Bragg, Columbia.....	2.00	.....
T. P. Cronkhite, St. Joseph.....	1.00	.....
D. F. Mosher, Kansas City.....	1.00	.....
E. K. Musick, Kansas City.....	1.00	.....

10.00

**NAVY DENTAL CORPS**

Lt. Jos. Connolly, D.C., U.S.N.....	2.00	.....
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**NEW JERSEY STATE DENTAL SOCIETY**

P. Nemoff, West New York.....	5.00	.....
J. Reich, Newark.....	5.00	.....

10.00

**NEW YORK STATE DENTAL SOCIETY**

First District Dental Society.....	500.00	.....
Second District Dental Society.....	100.00	.....
Harlem Dental Society.....	100.00	.....
Washington Heights Dental Society.....	50.00	.....
George Wood Clapp, New York.....	50.00	.....
S. Gettenberg, New York.....	10.00	.....
Long Island City Dental Society.....	5.00	.....
Mrs. E. Faber, Brooklyn.....	5.00	.....
M. Linn, Brooklyn.....	5.00	.....
J. Rosenfeld, Liberty.....	5.00	.....

830.00

**NORTH CAROLINA STATE DENTAL SOCIETY..... 300.00****NORTH DAKOTA STATE DENTAL SOCIETY**

C. O. Fergusson, Kulm.....	5.00	.....
C. E. Johnson, Valley City.....	5.00	.....

10.00

**\*OHIO STATE DENTAL SOCIETY..... 500.00****OKLAHOMA STATE DENTAL SOCIETY**

G. E. Zinn, Wagoner.....	3.00	.....
G. W. Andree, Tishomingo.....	1.00	.....

4.00

**PENNSYLVANIA STATE DENTAL SOCIETY**

Academy of Dentistry, Pittsburgh.....	50.00	.....
Chester and Delaware Counties Dental Society.....	50.00	.....
Harrisburg Dental Society.....	50.00	.....
H. J. Kraft, Philadelphia.....	5.00	.....
H. I. Wagner, Altoona.....	5.00	.....
W. I. Zyner, Greenville.....	5.00	.....
Adolph Salgo, Philadelphia.....	2.00	.....

167.00

**SOUTHERN CALIFORNIA DENTAL ASSOCIATION**

Southern California Dental Association.....	600.00	.....
E. J. Rohrer, Los Angeles.....	25.00	.....
H. C. Werts, Los Angeles.....	5.00	.....
Unknown Contributor from Los Angeles.....	2.00	.....

632.00

**SOUTH DAKOTA STATE DENTAL SOCIETY**

J. H. Wipf, Freeman.....	10.00	.....
R. A. Sikkink, Waubay.....	1.00	.....

11.00

**TENNESSEE STATE DENTAL SOCIETY**

Nashville Dental Society.....	55.50	.....
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**TEXAS STATE DENTAL SOCIETY**

Dallas County Dental Society.....	75.00	.....
Fort Worth Dental Society.....	50.00	.....
Wichita County Dental Society.....	50.00	.....
Southeast Texas Dental Society.....	19.00	.....
Grayson County Dental Society: C. H. Beseda, Van Alstyne; C. M. English, Sherman; B. F. Gilmer, Denison; J. E. Meador, Denison; M. C. Murphy, Sherman; H. T. Walker, Denison; J. M. Weems, Sherman; \$1.00 each.....	7.00	.....
G. S. Staples, Sherman.....	3.00	.....
H. L. Pearson, Clarksville.....	2.00	.....
The following dentists contributed \$1.00 each: T. F. Cox, Austin; J. A. Hall, Shamrock; L. C. Kleinck, Cuero; W. C. Neal, Abilene; J. H. Rutherford, Stamford; M. E. Sanders, Rosenberg; B. F. Thielen, Paris; A. E. Walters, Texarkana....	8.00	.....

214.00

**WASHINGTON STATE DENTAL SOCIETY**

W. A. Kerrison, Wilbur.....	5.00	.....
A. J. Low, Roslyn.....	5.00	.....

10.00

**WEST VIRGINIA STATE DENTAL SOCIETY**

C. M. Davis and D. B. Davis, Clarksburg, \$1.00 each.....	2.00	.....
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**WISCONSIN STATE DENTAL SOCIETY**

G. B. Harvey, Green Bay.....	10.00	.....
W. L. Dunkirk, Union Grove.....	5.00	.....

15.00

Total received from State Societies.....\$7,007.10

\*Contributions paid direct to Dr. Florestan Aguilar, Madrid, Spain..2,604.00

Total—American Dental Association, Feb. 14, 1924.....\$9,701.10

**AMERICAN DENTAL TRADE ASSOCIATION**

American Dental Trade Association.....	\$2,500.00	.....
Dentists' Supply Company, New York.....	500.00	.....
Ritter Dental Mfg. Co., Inc., Rochester, N. Y.	}	500.00
Forstbauer Dental Equipment Co., Inc., New York		
Columbia Equipment Co., Chicago, Ill.		
L. D. Caulk Co., Milford, Del.....	250.00	.....
American Cabinet Co., Two Rivers, Wis.....	100.00	.....
Buffalo Dental Mfg. Co., Buffalo, N. Y.....	100.00	.....
L. D. Caulk Dental Depot, Philadelphia, Pa.....	100.00	.....
Columbus Dental Mfg. Co., Columbus, Ohio.....	100.00	.....
Electro Dental Mfg. Co., Philadelphia, Pa.....	100.00	.....
J. M. Ney Co., Hartford, Conn.....	100.00	.....
Victor X-Ray Corp., Chicago, Ill.....	100.00	.....
Billings Dental Supply Co., Omaha, Neb.....	50.00	.....
Climax Dental Supply Co., Philadelphia, Pa.....	50.00	.....
J. J. Crimmings Co., Boston, Mass.....	50.00	.....
John Hood Co., Boston, Mass.....	50.00	.....
Norton-Starr Co., Syracuse, N. Y.....	50.00	.....
Ransom & Randolph Co., Toledo, Ohio.....	50.00	.....
S. H. Reynolds Sons Co., Boston, Mass.....	50.00	.....
Wilmot Castle Co., Rochester, N. Y.....	50.00	.....
Claudius Ash Sons & Co., Inc., New York.....	25.00	.....
Davidson Dental Supply Co., New Orleans, La.....	25.00	.....
Dayton Dental Supply Co., Dayton, Ohio.....	25.00	.....
Dental Digest, New York.....	25.00	.....
Dental Specialty Co., Denver, Col.....	25.00	.....
Dunham-Reifel Co., Pittsburgh, Pa.....	25.00	.....

Eugene Doherty Rubber Works, Inc., Brooklyn, N. Y.	25.00
Gwinner-Mercere Co., Memphis, Tenn.	25.00
Hettinger Bros. Dental & Surgical Supply Co., St. Louis, Mo.	25.00
M. N. Jacobs Dental Supply Co., Davenport, Iowa	25.00
E. J. McCormick Rubber Co., Lodi, N. J.	25.00
E. R. Mitchell Dental Depot, Worcester, Mass.	25.00
Osmun-Cook Co., Newark, N. J.	25.00
Smith-Holden Dental Supply Co., Providence, R. I.	25.00
Rose Dental Depot, Little Rock, Ark.	20.00
Davis-Schultz Co., Inc., Buffalo, N. Y.	10.00
Dentists' & Surgeons' Supply Co., Springfield, Mass.	10.00
J. W. Ivory Co., Philadelphia, Pa.	10.00
King's Specialty Co., Fort Wayne, Ind.	10.00
Michigan Dental Supply Co., Kalamazoo, Mich.	10.00
Spyco Smelting & Refining Co., Minneapolis, Minn.	10.00
H. B. Wiggin's Sons Co., Bloomfield, N. J.	10.00
Eckley Dental Supply Co., Inc., New York	5.00
H. L. Hayden Co., New Haven, Conn.	5.00
Maine Dental Supply Co., Portland, Me.	5.00
E. L. Washburn & Co., Inc., New Haven, Conn.	5.00
Western Dental Supply Co., Salt Lake City, Utah	5.00
White-Rafert Co., Terre Haute, Ind.	5.00
Young Dental Mfg. Co., St. Louis, Mo.	5.00
Nelson Gold Tooth Co., Brooklyn, N. Y.	2.00

Total—American Dental Trade Association..... \$5,327.00

## FOREIGN

H. Kull, Oaxaco, Oax., Mexico	5.00
W. K. Lewis, Shoreham-by-Sea, Sussex, England	2.17

7.17

Grand Total—February 14, 1924..... \$15,035.27

\*Itemized list of contributors published in previous issues of the Dental Digest.

## Japanese Relief Fund Contributions

## AMERICAN DENTAL ASSOCIATION

Rochester (N. Y.) Dental Society	\$193.00
C. N. Johnson, Chicago	50.00
O. U. King, Chicago	50.00
C. E. Blandenburg, Augusta, Ga.	25.00
C. Kabell, Chicago	25.00
Knox County (Illinois) Dental Society	12.50
Ten dollars from each of the following: H. G. Dressel, Chicago; J. Howard, Gaskill, Pa.; C. M. Keep, Boston, Mass.; H. C. Raymond, Detroit, Mich.	40.00
Five dollars from each of the following: A. M. Bradley, Muskogee, Okla.; I. G. Jirka, Chicago; W. H. Leak, New York; A. J. Low, Roslyn, Wash.; M. C. Stalland, St. Paul, Minn.; A. T. Tornhom, Wausa, Neb.; D. L. Yingling, Johnstown, Pa.	35.00
A. Salgo, Philadelphia, Pa.	2.00
C. W. Bruner, Waterloo, Iowa	1.00
C. R. Townsend, Klamoth Agency, Oregon	1.00

Total, Feb. 14, 1924..... \$434.50

## THE DENTAL DIGEST

The following contributions, received by The Dental Digest and forwarded to Dr. Herbert L. Wheeler, are hereby acknowledged:

J. M. Holmes, Pittsburgh, Pa.....	\$5.00 .....
C. P. Weinrich, Cortez, Honduras .....	5.00 .....
One dollar from each of the following: J. H. Lockhart, Honaker, Va.;	
R. C. Max, Tulalip, Wash.; W. G. Murray, Herkimer, N. Y.; C. L.	
Schwartz, St. Louis, Mo.; T. B. Wright, Hattiesburg, Miss.....	5.00 .....
	15.00

## Resolutions of the Odontological Society of Chicago on the Death of Mr. William Whitford

*Whereas:* This Society having learned of the death of its official stenographer, Mr. William Whitford, and

*Whereas:* His long years of service to the Society, together with his great ability and the sterling quality of his character, has made a lasting impression on our members,

*Therefore be it resolved:* That we wish to go on record as expressing our profound sorrow at his removal from our midst and our deep appreciation of his many delightful attributes of mind and personality, which had endeared him to our entire membership, and which remain with us his best and most lasting heritage.

*Also be it resolved:* That we express to his family our sincerest sympathy and our greatest good will.

Signed, C. N. JOHNSON,  
Committee.



# DENTAL LAWS

## Summary of Dental License Requirements Throughout the World

By Alphonso Irwin, D.D.S., Camden, N. J.

### ITALY

According to existing Italian legislation, no foreigner is allowed to practise dentistry in Italy unless such foreigner has regularly acquired a professional diploma in an institution of a foreign country which concedes reciprocal rights for the exercise of the profession to persons graduated in Italy. In case the reciprocal rights above referred to are non-existent, aliens may not practise dentistry in Italy, unless passing an examination and obtaining an Italian diploma of surgery and dentistry.

Following an investigation conducted by the Minister of the Interior it developed that the United States did not permit physicians educated and graduated from Italian medical schools to practise in America without qualifying according to American standards.

Accordingly Italy does not permit American dentists and physicians graduated from American institutions to practise in Italy without first qualifying according to the standards of this country. In order for an American to practise dentistry in Italy he must submit proofs of being a specialist also in medicine and surgery.

The Ministry has advised this office that reciprocity for the interchange of dental licenses and freedom of practice for physicians is in force between Great Britain and also with Japan.

Verified July 1st, 1923.

### JAMAICA

The Dental Practitioners Law, 1905, (Law 11 of 1905) makes provision for the registration of persons practising dentistry in Jamaica.

Under Section 1 the General Register Office, Spanish Town, is the registry of dental practitioners and the Registrar General of Births and Deaths is the Registrar.

Section 2 provides for the keeping of a Register of qualified dental practitioners.

Section 6 enacts that the following persons upon satisfying the Registrar by such documentary or other evidence of their right to be

registered, and upon payment of a registration fee of one guinea, shall be entitled to be registered:

(a) Any person qualified or entitled to practise dentistry in the United Kingdom under any Act for the time being in force.

(b) Any person who, at the passing of this Law, is bona fide engaged in the practice of dentistry in this Island, and who holds a diploma, license, or certificate granted to him by any university, college or institution recognized by the Governor in Privy Council, after and in consequence of his having passed through the course of study and examination in dentistry, prescribed by such university, college, or institution.

(c) Any person who, at the passing of this Law is and has been for not less than three years bona fide engaged in the practice of dentistry in this Island, and whom the Governor in Privy Council for special cause shown, permits to be registered without examination.

Sections 8, 9 and 10 provide as follows:

8. Any person who at the passing of this Law, is bona fide engaged in the practice of dentistry in this Island, and also any person not qualified to be registered under section 6 of this Law, but who holds a diploma, license, or certificate granted to him by any university, college, or institution recognized by the Governor in Privy Council, after and in consequence of his having passed through the course of study and examination in dentistry prescribed by such university, college, or institution, and who wishes to be registered under this Law, may make application in writing to the Governor to appoint a Board of Examiners.

9. On receipt of such application the Governor shall appoint three persons, duly registered under this Law, as a Board of Examiners, and the persons so appointed shall thereupon fix a time and place for holding the examination.

10. The candidate shall first satisfy the Board of Examiners that he was at the date of the passing of this Law bona fide engaged in the practice of dentistry in this Island, or that he holds a diploma, license or certificate granted to him as aforesaid, and the Board of Examiners so satisfied, shall with reasonable dispatch fully and fairly examine such candidate accordingly; and, if they find him sufficiently informed and skilled, they shall give him a certificate to that effect, and he shall then be entitled to be registered under this Law, upon payment of the Registration fee.

Verified December 20th, 1923.

## JAPAN

## EXAMINATIONS

Applicants must have studied dentistry at least two years.

The examination is both theoretical and practical.

The subjects in the written examination are: oral anatomy, oral physiology, oral pathology, oral surgery, dental practice, and materia medica used in dentistry.

A practical examination is also given in the presence of the examiners.

The Department of Education, Tokyo, will receive applications for examination in dentistry twice a year.

Charges are 9 yen (about \$4.50) if both the written and practical examinations are taken at the same time, but 6½ yen (about \$3.25) for the written and 6 yen (about \$3.00) for the practical examination if each is taken separately.

Dentists intending to practice in Japan must first obtain the approval of the Minister for Home Affairs, Tokyo. A fee of 20 yen (about \$10.00) is charged with the application for his approval.

## THE DENTAL EXAMINATION

The regulations for the dental examination for license were included in the regulations for the medical examination for license which were promulgated in 1883, and the dental examination was long carried out as a part of the latter examination. In 1913, independent regulations for dental examination were promulgated and went into effect from January, 1922. These new regulations limit the qualifications of candidates and enlarge the scope of subjects for examination and also elevate the grade.

According to these regulations the dental examination is divided into two parts—Theoretical and Practical—and it will be carried out twice a year. The applicants for examination are limited to those who are graduates of the three-year course dental schools after having completed the middle school or girls' high school, or who have been certified as equal in learning.

Those candidates, however, who took the examination under the old system, prior to the enforcement of the new regulations, are entitled to undergo the examination until 1927.

The theoretical examination is given on the following subjects at each prefectural center, on similar questions: anatomy (histology inclusive), physiology, materia medica, pathology (bacteriology inclusive), oral surgery, operative dentistry (orthodontics inclusive) and prosthetic dentistry.

The practical examination is given at Tokyo and Osaka. On the

first day the candidate must answer questions relating to diagnosis and treatment of a patient specially arranged for and then is required to demonstrate the treatment and filling of a tooth of a model and patient. On the second day the candidate must do prosthetic and crown and bridge work on a model or patient.

The members of the Examination Committee for the dental examination are appointed by the Cabinet. They serve for one year. The Vice-Minister of Education is Chairman of the Committee and a high official of the Department of Education is Manager.

The members of the present Committee are as follows: Chairman, Hiroshi Minami. Manager, Atsuo Ebe. Hishashi Ishihara, Masanori Ichinoi, Itaru Okajima, Seki Furihata, Toru Shimamine, Yoshibo Mishimura, Toru Horiuchi, Rokuji Ogata, Toshihiro Kawamura, Sakuro Yamagata, Shichisaburo Motonaga, Hisomu Nagai, Ryojiro Futamura, Michio Inouye, Soroku Oinuma, Kiyohiro Kadokura, Yoshio Shibuya, Takeshige Uga, Hoshi Nose, Tamao Iida, Masaru Nagao, Takiji Sannai, Torao Kanamori, Shintaro Tanaka, Kenjiro Hori.

In connection with this examination a dental hospital was established in 1919 at Tokyo under direct control of the Department of Education. This hospital is assigned for the practical examination while it undertakes dental treatment of patients.

#### THE LICENSE FOR GRADUATES OF FOREIGN DENTAL SCHOOLS

Article I. Those who have not only obtained a diploma from a foreign dental school, or license for dental practice in a foreign country, but who are recognized by the Minister of Home Affairs as properly qualified, are entitled to a license for dental practice in Japan. Those who have studied dentistry for at least three years in either A or B class dental schools in U. S. A. and graduated from them, or who possess licenses for dental practice in the United States or Great Britain, have hitherto been granted licenses. Having these qualifications, seventy-five dentists both Japanese and foreign so far have been granted licenses in Japan.

At present, there are five foreign dentists in practice in Japan, having been granted licenses by the authorities. Four of them are Americans and one is Russian.

#### THE DENTAL PROFESSION IN JAPAN

The Dental Law of Japan was promulgated in May, 1906, and it provides for all matters as far as the profession is concerned. Accordingly, unless one is informed of the gist of this law he cannot know what is the present state of dentistry in Japan.

The Dental Law consists of thirteen articles. In the beginning it

provides the qualifications of a candidate to become a dentist as follows:

Article I. Any person who wishes to become a dentist is required to have any one of the following qualifications, and to obtain a license from the Minister for Home Affairs:

(1) That he has graduated from a dental college designated by the Minister of Education.

(2) That he has succeeded in passing the dental examination.

(3) That he has not only graduated from a foreign dental school or obtained a license for dental practice in a foreign country, but that he is recognized as equal to what is required by orders.

Article II. Any person coming under any of the following clauses is not allowed to obtain a license:

(1) That he has been sentenced for a major crime (this, however, does not apply to any person who has been punished for a political offence and has regained his rights).

(2) That his civil rights are in suspension.

(3) That he has not attained the proper age, or has been adjudged incompetent or quasi-incompetent, or is deaf, dumb or blind.

Article III. A license may not be granted to a person who has been either punished with imprisonment or fined in connection with medical affairs.

Article IV. The Dentists' Register shall be kept at the Department for Home Affairs, and particulars relating to dental licenses shall be therein registered. Particulars of registration shall be determined by order.

Upon the registration the certificate of license will be granted to the candidate by the Minister for Home Affairs. Thereupon the candidate is entitled to practise dentistry in this country. The Government fee for registration and issuing the certificate is 20 yen.

Article V. No dentist is allowed to issue a medical certificate, write a prescription, or treat a patient, unless he personally examines such patient.

Article VI. The dentist shall keep a record book, and it shall be preserved for ten years.

The medical certificate mentioned above involves both disease and death. If the patient succumbs after dental treatment the dentist is required to issue a certificate of death.

Article VII. In no way a dentist is allowed to make an advertisement relating to his art, treatment, or career except by his degree or title.

In view of the evil effects arising from exaggerated advertisements, the law thus restricts dentists' advertisements. This provision is also made in the medical law.

Article X. The license of any dentist who comes under the first or

third clause of Article II shall be revoked. When a dentist is punished with imprisonment, or is fined, or commits a crime in connection with his profession, his license shall be revoked, or his practice shall be suspended for a certain period. The same applies if such event took place before he obtained his license. A dentist, whose license has been revoked according to the present article, may regain it when the cause stated in the third clause of Article II is removed, or the fact that he is truly repentant and beyond suspicion. The revocation stated in the present Article shall be executed by the Minister for Home Affairs; in the case, however, stated in the second clause, or in the later half of the third clause, such step shall be taken through the deliberation of the Central Board of Health.

Article XI. Any person who practises dentistry without a license, or while his practice is under suspension, or who violates Articles V, VI, and VII, shall be liable to a fine not exceeding 300 yen.

When a prefectural Governor deems it necessary to punish a dentist according to the provisions of Article X he should not only report the case to the Minister for Home Affairs, but should ascertain the views of the local Dentists' Association, thus protecting the rights of dentists from improper menace due to abuse of the provisions of the law.

There are not a few who practise dentistry without a license in Japan, and they do much harm to patients; hence the provision of Article XI. The Department of Home Affairs, local governments, and the Dentists' Associations are constantly striving in cooperation to suppress them.

As to the incorporated body of dentists the Dental Law makes the following provisions and approves of its organization:

Article VIII. Dentists may establish a Dentists' Association. Regulations for the Dentists' Association shall be determined by the Minister for Home Affairs.

Article IX. The Dentists' Association may answer inquiries of the government authorities, or give advice to them concerning dental and sanitary affairs.

Article XII. The present law shall take effect on and after the first day of October, of the 39th year of Meiji (1906).

Article XIII. The license for dental practice issued before the present law takes effect, shall be valid, even after the present law is in force.

The 1918 revision of the Japanese law provides a clause permitting medical men who take the prescribed dental course, and possess the required dental qualifications, to apply to the Minister of Home Affairs for permission to practice dentistry.

# DENTAL ECONOMICS

## An Address to Dental Students as the Dentists of the Future

By Dr. Hedley Ham, L.D.S., D.D.S., Melbourne, Australia

EDITOR'S NOTE: This address which was delivered to the students of the Australian College of Dentistry at Melbourne, Australia, contains so much that is of practical value to prospective dentists everywhere that we are glad to offer it here.

Leaving the College with his diploma tucked under his arm, a roseate hue of hope and enthusiasm surrounding the new graduate, he enters the Avenue of the Future with a jaunty step. The way looks so inviting, clear and easy, yet it is beset with many a pitfall, many a difficulty, many a disappointment and many a hard fight.

These notes taken from the experience of one who has travelled the road for more years than he would care to say, from colleagues and from authors named hereafter, are ventured to the student body in the hope that they may prove of some benefit and be a beginning for other and fuller lectures. In compiling these notes I have used freely the following books, which I advise you to read for yourselves: "Success in Dental Practice" by C. N. Johnson; "The Business Problems of a Profession" by F. C. Brush; Lectures by Dr. A. V. Anderson; "Ethics" by Chapman; "Profitable Practice" and "Brother Bill's Letters" by G. W. Clapp; and "Professional Denture Service" by Clapp and Tench.

"Once a student always a student." When, however, he has just got through his exams he is inclined to say, "Thank goodness, that is over; now I have done with books and college and I am out to make money to pay back with interest the expenses of the money and years I have spent in getting my diploma." But the first lesson I wish to impress on him is that to be a success in the proper meaning of success he must ever be a student. His college education has been a basic one, a training, a foundation to build on, and the superstructure that he raises, whether it be castle or hut, depends upon what kind of materials he has obtained to build it with. One of the most essential materials is knowledge, in all its ways and means; you cannot do anything, at



least properly, unless you have the knowledge of it. You will have been taught a lot in your student days, but your work is progressive and now more than ever it is taking a scientific trend which will necessitate your keeping up to date. The reading of your journals and books should be undertaken regularly. It is a good practice to set aside fixed times ear-marked for this purpose and any articles you want should be filed so that they can be looked up at once when necessary. Then there are the dental societies, and last but not least your old alma mater to keep in touch with. Our societies have been useful bodies but they could be made much more useful and be more efficient if they were better attended and subscribed to. I mention this because there is such a big scope of usefulness in the way of postgraduate lectures and classes, libraries, museum, clinics, research work, benevolent funds, insurance, etc., etc., and in the college ever so much might be done if graduates would recognize what an asset they have in these institutions, and what they might do if they would, in their generation, and it is up to you to see that it is done in the future.

#### EFFICIENCY

There are men who know their work from reading and studying, and perhaps know how to do it in a way, but are not proficient in some of its aspects. If they are to become efficient, then every opportunity should be taken of seeing and doing cases until they have mastered the problems that bother them, and in the early days of practice, as a rule, there are hours, every minute of which should be used in making one's self efficient.

The knowledge of how to do the job is imperative, but that is not all. There are other things to be acquired in knowledge before full success comes. It is not given to all to attain the full measure of these things, but you can advance a long way by trying to cultivate them. In my student days we had a brilliant student who carried everything before him in the way of scholarships and prizes, and his work was so good and so thorough that one of the examiners, the leading dentist in a great city, offered him a junior partnership. He accepted, but was accounted a failure by his senior partner, who said that what he wanted was a trip around the world to give him the knowledge he lacked, the knowledge of human nature. He hadn't the knowledge of how to deal with the clients of that particular practice. You might say he wasn't to blame; he hadn't had the experience or he hadn't the temperament or personality—all perhaps true—and that is why I want to stress this point: that personality, character, temperament, the knowledge of human nature, and the winning of a good-class practice to a large extent can be cultivated by any intelligent graduate, and I would even go further in saying that one may make what kind of practice one



wished for. But how? Well, the maxim is, "As you sow, so surely shall you reap."

The seed must be sown early in the student days. Besides gaining knowledge he must gain character: he must set for himself high standards and ideas and must never swerve from them. Time will not permit me to enlarge on this essential of success as I should like to, but in your hands, as the future dentists of this state, lies the standard that you will give to our profession and the public, and I exhort you to set that standard high so that you will command respect and honor both as dentists and as men.

If the student in the future wishes to have the privilege of rendering professional service to refined people, then he must think and act as a man of refined and cultivated character himself. He must be genuine through and through. Thoughts are forces and consciously or unconsciously they react on the thinker, moulding his mind for good or evil.

The development of your professional life and also of your private life depends wholly on the character of the efforts and of the thoughts you put forth. If you hold yourself cheap, think cheaply and work cheaply, just so much value will be put upon yourself, and once in a groove it might take a mighty fire hose to wash you out of it. You cannot afford to be careless either in your thoughts or in your actions.

*(To be continued)*

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## How About Your Will?

By Walter S. Kyes, D.D.S., San Diego, Cal.

In these uncertain days when the motor car industry has so far outstripped the agility of the pedestrian, and the windshield and grade crossings offer so many opportunities for egress out of this and ingress into the next world, men should be concerned not only about their own future but about the future of those who are dependent upon them.

After all that has been said and written relative to the conduct of a dental practice, as well as to the manner in which we should and should not invest our savings, it would seem correct to assume that most men who have been long in the profession have established an estate of greater or lesser proportions. This being the case, the matter that should receive our thoughtful consideration is: how shall we dispose of it to the best advantage for all concerned.

The first will on record is said to have been made by an ancient Egyptian 2500 years B. C., who, thoughtful of his responsibilities, made provision for the disposal of his estate, dividing it as he thought best between his wife and minor child. Despite this ancient example of thrift and forethought, the average man of today would rather head

an expedition to capture a machine gun nest, or go into court to collect a fee, than to give up the secrets of his business affairs to a lawyer, or admit to himself that the time is approaching when he will be called on to participate in the uncertainties of that which lies beyond the "Styx!"

The final arrangement of one's affairs is a difficult matter to discuss except in the most general way, as estates vary so much in their make-up, but a general plan can be outlined, to be varied as the particular case requires.

The main object in making a will is simply to have a voice in determining how one's life earnings, or savings rather, shall be disposed of after one's voice has ceased to function except in celestial affairs.

If one does not make a will, the law will go about it to settle the estate, briefly and according to law, without consideration of the hundred and one things which one would consider if doing it one's self.

If you were to pass on (it is odd how much easier it is for me to say "If you," than to say "If I,") your heirs would petition the court to appoint someone to administer your estate. The petition might name your wife, your son, or some old friend of the family, none of whom might be equipped by experience to handle the details of the task presented.

Your wife, it is presumed, would have some knowledge of your affairs, but might be quite devoid of business experience. Your son might be totally unfitted to assume the responsibility, and the old friend of the family would no doubt give his own affairs first place over the concern of others; while, on the other hand, your affairs might not be in condition for a final settlement.

It may be that your holdings are in real estate and that that commodity is at a low ebb of valuation, almost unsalable at any price, as is the condition in some sections of the Middle West today. You may also have a business in operation that it is best to keep intact and in operation for a number of years, or you may be promoting some property that should go on to completion in order that it may not prove to be a total loss. But no matter what the circumstances might be, if you do not make provision for handling these matters through the medium of a will the court will go ahead, settling up your affairs according to law, giving unto each his due. Would this be the best method to pursue, or would it not? Let us see.

To illustrate, we will assume that your estate totals the sum of \$20,000. The law in the various states, of course, determines what proportion shall be paid to your wife and other heirs. Supposing you have a son who has just become of age, and his share of the estate is, we will assume, \$5,000. Is he the sort of boy to whom you would wish to give outright that sum of money? Also, you have a daughter

who is married maybe to a spendthrift, and who has a like interest in the estate. Would it meet with your approval that her share of your estate be turned over to her, or would you prefer that the estate be given into the custody of your wife and kept in her control until such time as she might marry again or follow you into that mysterious realm where we are led to believe life's difficulties will cease to be of moment?

Is your wife entitled to this trust, and is she capable of carrying it out? If she is, your will should be made at once to that effect, making provision for a distribution of the estate at the time of her remarriage or death. If, in your opinion, your children should be protected further, you can, if you desire, arrange to have their share of the property paid to them in instalments covering a period of years, which arrangement is preferable in many instances.

To determine the capability of children in this regard, one has to judge the child, modifying that judgment by one's own experience and observation. How many boys and girls of your time at the age of twenty-one or eighteen years were capable of handling even mediocre sums of money to good advantage? Also, we must consider the opportunities for losing money through the rapidly developing channels of speculation and so-called investments, remembering that it seems less difficult as time passes for the gullible to be gulled.

However, the first person to be consulted about your plans for the disposal of your estate is your wife. It may be that she has ideas of intrinsic value about these matters, as is her habit about other things. It may be that she will feel in no wise equipped through business experience to assume these added responsibilities and would prefer to be relieved of the whole matter. In this case your estate could be put in trust and arrangements made so that she could be paid a stipulated sum monthly, adequate for all her needs, thus protecting her from the constant hammering of a mayhap reckless son, an ambitious son-in-law, or the "pack" of promoters, suave, ever alert and well-groomed, lurking in the background, ready to pounce upon "the widow's mite and the orphan's heritage."

The means of losing money are many and varied, and many a family has found itself impoverished in only a few years after its future had been amply provided for by the untiring efforts of a thrifty father whose concern and counsel has been suddenly chopped off.

The world is full of pathetic figures of gray-haired, stern-visaged women who have, through their lack of business training as well as through their inability to distinguish a rascal from an honest man, been removed from a life amply provided for to one of servitude. To prove this assertion I offer the following:

During the Government drive for the sale of War Savings Stamps a pamphlet was issued under the approval of the Treasury Department

setting forth the fact that out of every hundred widows eighteen lived on an income, forty-seven worked for a living, thirty-five were dependent. While this information may not be complimentary to the thrift and business ability of husbands, it is equally uncomplimentary to the business acumen of women who are left alone to handle their own affairs.

In case your estate is administered by a trust company your heirs can avoid all of the difficulties coincident with such transactions and avoid, perhaps, many costly blunders. Trust companies are far-reaching in their service, being prepared to transact almost any kind of a business and make judicious investments, as well as to use discretion in the closing up of business affairs and converting property into flexible assets at the most opportune time. To understand the many functions of a trust company, one should spend an hour with a trust officer, which would be an interesting and profitable experience.

In case the methods of a trust company do not appeal to one, there is always opportunity to consult one's attorney, who can furnish information concerning any sort of an adjustment of one's affairs through the medium of a will.

A man's work in this world is not finished, it would seem, until he has made a will. It is good business!

812 Watts Bldg.

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## You Help to Make the Wheels Go Round

It is a goodly thing, in sooth, a package from the bank to pull, and step up to the captain's booth, and pay your income tax in full. To step up to the captain's booth and hand out coin you cannot spare, and not as one with aching tooth, but with a large and princely air! This is the great and crucial test of love of country, I maintain; true loyalty warms up the breast of one who pays and shows no pain. One patriot for battle begs that martial ardor he may show; he'd lose his shoulder blades and legs to vanquish any tinhorn foe. But when he's called upon to dig and help to make the wheels go round, he tears some oakum from his wig and makes a sad and plaintive sound. One patriot will gladly run for any office in the land, to show his loyalty is spun of threads of silver, strand by strand. But when he's called upon to pay an income tax to Uncle Sam he takes a moment off to say uncensored words that rhyme with jam. The truer patriot is he who pays his tax without a sigh, and says he's mighty glad to see the country climbing hills on high.—*Walt Mason.*

## PRACTICAL HINTS

This department is in charge of V. C. Smedley, D.D.S., Prosthesis, and George R. Warner, M.D., D.D.S., X-ray and Diagnosis, 610 California Building, Denver, Colorado. To avoid unnecessary delay, Hints, Questions and Answers should be sent direct to them.

NOTE—Mention of proprietary articles by name in the text pages of the DENTAL DIGEST is contrary to the policy of the magazine. Contributions containing names of proprietary articles will be altered in accordance with this rule. This Department is conducted for readers of the DENTAL DIGEST, and the Editor has no time to answer communications "not for publication." Please enclose stamp if you desire a reply by letter.

### *Editor Practical Hints:*

Referring to communication signed B. H. P. in a recent number of DIGEST, asking how to remedy a patient's case in which the lower denture seemed to hurt her on top of the ridge when she bites, will offer the following advice: I had a case which was a duplication of this trouble. After having reset the lower five times, as well as having relined with unvulcanizable rubber, I realized that the cause might be in having the bite too close, that is, the mandibles too close when the artificial teeth were in normal occlusion. On opening the bite and adding the extra amount of height to the lower I had no further trouble.

Do not think that B. H. P.'s trouble is from nerve impingement. The above method I am quite certain will clear up the trouble.

W. A. W.

### *Editor Practical Hints:*

Is there any dental rubber that will not cause a rubber sore mouth? I have a patient who has worn plates, upper and lower, for a long time; had them reset and is now troubled with the sore mouth; has maroon rubber; also had the same in her first plates.

C. E. R.

ANSWER—Black rubber is less apt than any of the other rubbers to cause sore mouth. The more pigmentation in the rubber the more apt is it to be a cause of rubber sore mouth.—V. C. SMEDLEY.

### *Editor Practical Hints:*

I have a patient whom I treated several times for "Trench Mouth" quite successfully, apparently, except that her gums continue to bleed

quite profusely. There is practically no soreness present now, whereas at first the gum margins were very sore to touch. What would you advise me to do to counteract this bleeding and what could I advise her to use at home in the way of a wash?

J. G. M.

ANSWER—Would say that Vincent's has a strong tendency to recurrence. The spores which are lying deep in the tissues are very difficult to destroy. This is one explanation of the bleeding.

Vincent's is most apt to occur in mouths where there is already periodontoclasia, therefore it is necessary to treat this condition soon after the acute stage of the Vincent's is over. If this is done your case should clear up entirely and the soft tissues resume their normal tone.—GEORGE R. WARNER.

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*Editor Practical Hints:*

In the November issue of THE DENTAL DIGEST, you tell J. E. F. how to take an impression when the mouth is too small to admit the tray. You suggested a collapsible tray—possibly one with hinges would serve. You omitted the most important part—how to get the finished plates in the mouth. I would suggest that when the plates are all finished, to take a sharp pair of scissors and slit the corners of the mouth back towards the ears, equally the same on both sides, until the plates can be inserted; or possibly you could crack the plate in the median line and put two real small cabinet hinges on it, or one large one. If you think this additional suggestion is worthy of space in the journal, I am sure J. E. F. would be pleased to read it.

DR. R. F. L.

ANSWER—Your favor came duly to hand, but I did not answer it at once as I feel that some literary productions are deserving of sufficient time for thorough digestion.

Since reading your contribution, Doctor, I have been trying to figure out how it is that a number of perfectly good comic supplement artists have missed their calling and are wasting their time with the mere practice of dentistry. As a matter of fact though, Doctor, as is the case with many of the comic supplement absurdities, there is a glimmer of truth and possible practical application in what you say. In my limited dental experience of twenty years I have not happened to have a case where the mouth could not be stretched sufficiently to get the finished plates in if the same were trimmed to conservative dimensions and turned somewhat sideways for insertion. If such a case should present, however, I see no reason why a surgical procedure should not be resorted to in preference to making the individual go through life toothless.

In regard to your suggestion of cracking the plate in the median line, you might be interested to know of a patient who once came to me for examination of her natural lower teeth. As she took the chair, she reached up to her mouth with both hands, taking out one-half of her upper plate in each hand. I suggested that it looked as though she had met with an accident and needed some attention above also. To this she replied: "No indeed, Doctor, this plate has been this way for eight years. Before it broke it was very uncomfortable but since then it has been entirely satisfactory."—V. C. SMEDLEY.

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*Editor Practical Hints:*

I have a patient 10 years old who has lost a deciduous cuspid. What is the best method of getting space for the permanent cuspid? The space has closed somewhat.

R. J. W.

ANSWER—I feel that it is almost impossible, or at least inadvisable, to attempt a diagnosis and recommend treatment of any orthodontia case without at least plaster casts and X-rays of the case. And, as a matter of fact, in my own practice, I do not even then attempt a diagnosis except in the very simplest cases, but instead refer the patient to a competent orthodontist.—V. C. SMEDLEY.

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*Editor Practical Hints:*

It is my ambition to specialize in prosthodontia. There is one reason, however, why I hesitate, and that is I fail to see how I can build up a practice of this sort without resorting to advertising. I hardly think I can depend upon the recommendations of my fellow practitioners, for every general practitioner I know does his own plate work. What is your opinion of this? Would it be considered unethical for me to call attention to the fact that I am specializing in this branch of dentistry, using a newspaper ad to do so? And from a remunerative standpoint do you think prosthodontia is a good field?

I. L.

ANSWER—In my opinion unless you are in a position to refer general work or other special work to your fellow practitioners, you could hardly expect them to refer denture cases to you. Some physicians are referring quite a number of these cases. I would certainly not advise you to resort to printer's ink for the purpose of enlarging your practice as a specialty or in any other way. I believe that the wisest way for any man to specialize in his chosen branch of dentistry is to let it be known that he is giving special attention to said branch and



to make it his business to deliver an especially pleasing, worth-while product of his efforts in his chosen branch, but not to announce himself as a specialist doing nothing else until his practice has developed in the line of his specialty sufficiently that he will have enough to do if little or no additional work should come to him for many months because of his announced specialization. From a remunerative standpoint, the specialization in prosthodontia should be, and I believe generally is, very satisfactory if a man succeeds in establishing himself to the extent that his time is fully occupied with this work, if he conducts the business end as well as the operative and laboratory side of his practice as wisely and advantageously as may be done.

—V. C. SMEDLEY.

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*Editor Practical Hints:*

I have a male patient 40 years of age. He has some kind of a growth in the muscles of his lower left jaw. When it was first noticed his physician advised the extraction of all his lower teeth, which was done, against my judgment, as I could not find anything the matter with them. The growth has grown larger and harder; it is movable and is not sore unless he bends his head backwards. It feels to me like a large cyst or wen. Can you advise me what to have him do, or some clinic to send him to before it gets any worse?

W. J. B.

ANSWER—I should judge that you eliminated an alveolar abscess as the cause of the tumefaction in your patient. If you did the growth is a tumor which may be benign, but which is likely to be malignant. Therefore your patient should be put under the care of a competent surgeon who would have a microscopical examination made of the cells of the tumor to determine whether or not it is malignant.

—GEO. R. WARNER.





## CORRESPONDENCE

*Editor, DENTAL DIGEST:*

In answer to "E. E. M.," published in the Correspondence, January Dental Digest:

You certainly reasoned correctly as to the advisability of lining a cavity under a gold foil filling with thin, soft adhesive cement. Many of our best practitioners follow this procedure in practically all cases of both foil and amalgam fillings. I should think it would be wiser, however, to use either a silicate cement to match the tooth shade or a light oxyphosphate or sedative cement for fear of discoloration from copper cement.

V. C. SMEDLEY.

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*Editor DENTAL DIGEST:*

I am enclosing herewith a copy of two letters which I will ask you to be good enough to publish as our committee is desirous of giving as much publicity to the contents of these letters as possible.

Thanking you in advance, I am

Very truly yours,  
WALDO H. MORR.

BOARD OF EDUCATION OF THE CITY OF NEW YORK  
OFFICE OF  
THE DIRECTOR OF PHYSICAL TRAINING AND HYGIENE  
157 EAST 67TH STREET

*To the Members of the Dental Profession of the City of New York:*

GENTLEMEN:

The Board of Education of New York City is anxious to establish, in the school children, the habit of making an annual visit to a dentist for the purpose of prophylactic surface cleaning and repair work.

To this end, we have sent a letter of instruction, as set forth in the enclosed circular, to the principal of every elementary and junior high school in the City.

We know that you recognize the very great importance of the health habit of an annual visit to a dentist, and that you will do all in your power to cooperate whole-heartedly with us, both as to supplying the necessary prophylactic and repair treatment, and to testifying to your

treatment, by affixing your signature to the "Dentist's Certificate" for the Board of Education.

The Board of Health, through its Bureau of Child Hygiene, is cooperating in furthering this movement.

This plan has received also, the endorsement of the Oral Hygiene Committee of Greater New York.

Very truly,

(Signed) A. K. ALDINGER, M. D.,

*Director of Physical Training and Educational Hygiene.*

Approved:

(Signed) W. L. ETTINGER, M.D.,

*Superintendent of Schools.*

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GENERAL CIRCULAR NO. 17—1923, 1924

BOARD OF EDUCATION OF THE CITY OF NEW YORK  
OFFICE OF THE SUPERINTENDENT OF SCHOOLS

*To the District Superintendents and Principals:*

One of the most important health habits that teachers can help to establish in their pupils, is the habit of making an annual visit to a dentist for the purpose of prophylactic surface cleaning and repair work. To this end, will you please instruct your teachers to encourage their pupils to make this visit to the dentist, either to the family dentist or to a dentist in a clinic, as early in the next school term as possible, so that the cleaning and reparative work may be accomplished before the summer vacation. Children are to be encouraged to return to their teachers, certificates signed by the dentist, stating that his work has been completed.

The members of the dental profession of the City of New York, and the dental dispensaries throughout the City, both those connected with hospitals and dispensaries, and those connected with the Department of Health, have been notified of this effort on the part of the Board of Education to establish the Health Habit of an Annual Visit to a Dentist, and only those children should be sent to a dental dispensary who cannot afford to consult their family dentist.

A sample form of the "Dentist's Certificate" is printed below. I should suggest that you have mimeographed a supply adequate for the pupils in your school.

The class which shows the largest percentage of certificates returned bearing the dentist's signature might be specially commended.

DENTIST'S CERTIFICATE  
FOR BOARD OF EDUCATION, NEW YORK CITY

Date.....

To the Principal of P. S.....Borough.....

Dear Sir or Madam:

This is to certify that.....  
class.....has been under my dental care, that h.... teeth have  
been given a surface cleaning, and that the reparative work has been  
completed.

.....D.D.S.

Address.....



# DENTAL LABORATORIES

## Fundamentals in Cast Clasp Construction

By I. J. Dresch, Toledo, Ohio

*(Continued from February)*

### THE IMPRESSION

As in all prosthetic pieces, the accuracy of the impression has much to do with the final success of the cast clasp. If the impression is not accurate, the clasp will be correspondingly poor-fitting; and a poor-fitting cast clasp is no good at all, for while a pliered or swaged band may be modified to take up inaccuracies, this is impossible with the cast clasp because of the nature of cast metal.

If a tooth is not properly cleaned before the impression is taken, the clasp will not be a perfect fit when the tooth is cleaned later. It is also impossible to obtain a clean impression unless the tooth has been cleaned and polished; and it is important that this cleaning be done immediately before the impression is taken. If several days have elapsed between the cleaning of the tooth and the taking of the impression, the ever-present film on the tooth will give a roughened surface on the impression.

The first step, then, is to clean and polish the tooth. This action will impart a clear, smooth surface to the impression, which in turn will result in a smooth model and clasp. As saliva will pit the plaster impression and result in a rough model and casting, the second step is to wipe the tooth dry before taking the impression. And do not oil the tooth to aid removal of the plaster. Oil will not incorporate with plaster any more than saliva, and to the extent that it is present, the clasp will be inaccurate. So, have the tooth clean, polished and dry, and free from saliva or lubricants.

As the impression must be removed in sections to preserve properly the contour of the tooth in the impression, which is essential, a sectional tray should be used. There are a number of different styles to choose from, all of them being excellent.

For impressions of single teeth for clasps a tray closed at each end is recommended. In a tray closed at each end the plaster is held in

position and there is little danger of losing end pieces when the impression is removed.

Often an otherwise clear impression is marred because the bottom of the tray was in contact with the tooth. This results in a small bulk of plaster over the occlusal surface which breaks into small pieces and cannot be reassembled. The flanges in the center of the tray should stand away from the tooth about  $1/16$ -inch. A method for maintaining this distance with some accuracy is as follows. Cut down one end of the tray on the lathe wheel so that it is about  $1/8$ -inch high. If an impression of a second bicuspid is to be taken, let the surface of the ground end of the tray rest on the first bicuspid. Then hold the tray handle in a horizontal position when taking the impression. This will result in obtaining just the required amount of plaster over the occlusal surface of the second bicuspid.

Another point of importance is to have the center of the tray in line with the center of the teeth. If the center of the tray stands to the lingual of the abutment, the split impression may have two-thirds of the impression in one half; that is, the impression of the occlusal and buccal tooth surfaces may be in one half of the tray and the lingual surface in the other. This usually results in injury to the impression when removing the section carrying the buccal and occlusal surfaces.

A coarse impression material is always a handicap in this work. It is always economy to use the best material, regardless of cost, for the difference is made up in time saved. A fine impression plaster is indicated for clasp impressions. The smoothness of the polished tooth is faithfully reproduced in fine materials, resulting in a smooth cast and clasp.

After removing the impression from the mouth it is needless to say that the parts should be carefully reassembled. In this connection it might be well to point out a very common error. When placing the two halves of the tray together, do not use great force in locking the two parts in a clamp. As a rule, the two parts are brought together with sufficient force to obliterate the fracture line. In doing this, the plaster is often compressed. This results in the impression being narrower from buccal to lingual than the abutment. Naturally that part of the finished clasp running from buccal to lingual will be short to the extent that the plaster impression was compressed. This will cause both buccal and lingual clasp wings to stand away from the tooth. And the trouble cannot be corrected by bending these wings inward, for they are automatically forced away from the tooth when seating the clasp.

Merely bring the two parts of the tray in proper relation, without the use of force. Dry the surface of the tray, then seal the two parts

together with sticky wax. It is believed that this method will give better results than the use of any type of locking clamp.

After securing a smooth and accurate impression, it is equally important to maintain this fine exactness in the cast. As a separating medium is necessary, one that does not act as a surface coating is indicated. This material is painted in the impression and allowed to stand for about one minute. This gives the separating medium ample time to penetrate and fill the pores of the plaster. The impression is then taken to the faucet and washed out, after which the impression may be immediately poured. It is important that the separating medium be entirely removed from the impression, which should be thoroughly rinsed.

Another point of importance is to keep the impression damp until you are ready to cast the clasp. If either the impression or the cast lies around the office several days, the plaster will crystallize and have a roughened surface which will eventually be reproduced in the casting. Wrap the impression in wet cotton until you are ready to pour the cast.

The prepared impression is now ready for pouring the cast. Much care has been exercised to preserve in the impression a true picture of the tooth. If the cast secured from the impression is faulty, the care used in obtaining such accuracy in the impression will have been wasted.

The requirements of a material for the cast follow. It must be hard enough to allow separation from the plaster impression without great danger of being broken. It must be dense and hard enough to withstand the pressure of the metal during the casting process. It must give a smooth surface and withstand the heat required to remove the wax and dry out the flask.

Properly used, a fine grade of plaster serves the purpose much better than any investment material which merely uses plaster as a binder for various fireproof materials. The presence of such fireproof materials as silica, magnesium, talc, etc., is desired only where high temperature is required in removing the wax and drying the mould. Their presence is anything but a virtue when a low-heat method can be used, because such materials cause soft and relatively porous models.

The technic to follow is based upon the use of a fine grade of plaster for the cast. This may seem odd to those accustomed to the use of the various investment materials. The method, however, has been in use in two large laboratories for over a year and results in better fitting and smoother clasps than can be obtained by any other method.

Now make a smooth paste of fine plaster, pour the impression, and a very smooth—in fact, almost polished—and accurate plaster model of the abutment will be had.

The wax pattern (according to designs to appear in an article to follow) is now placed on the tooth. Two methods suggest themselves

for the purpose. For wide and medium cast clasps, it is best first to encircle the tooth with a transparent paraffin wax. This is then trimmed to be *very slightly* larger than the desired finished clasp, and the edges sealed to the plaster model. This paraffin wax should be quite thin to facilitate even moulding of the wax over the tooth. To this wax is then added sufficient inlay wax to give the proper thickness. By using a dark-colored wax, the contrast is an aid in obtaining the thickness desired.

(To be continued)



## DENTAL SECRETARIES and ASSISTANTS

### Secretaries' Questionnaire

All questions should be addressed to Miss Elsie Pierce, care of  
THE DENTAL DIGEST, 220 West 42nd Street, New York City.

The following came to us in answer to the letter published in the January Questionnaire signed "G., Middle West."

The usual gross income from a dental practice in a town of 1800 varies from \$1500 to \$3000 a year. How could she be worth \$100 per week to her employer when this amount is probably more than twice as much as the net income from his practice? The high-school girl should know that her employer's statement is a jollying gross exaggeration. It seems that she has seriously accepted enough of it to impair her sane attitude of mind toward her job and employer.

The amount of skill she could acquire in three years doing the laboratory work in a small practice is likely to be below the standards of most dentists. Most dentists have their laboratory work done in up-to-date dental laboratories that turn out laboratory work of a quality that builds dental practices. The young lady would find it difficult to find another position where she would fit in as well as the one she now has. Seventeen dollars a week is the average price in a small town. If she is worth twenty the dentist ought to pay it. If his practice and her service justify it he should pay her even twenty-five. Beyond that it might pay him to send his laboratory work to a dental laboratory and take on a new office girl.

If I were her employer I should recognize that I had spoiled the common-sense viewpoint of a good office girl through thoughtless exaggerated praise and would resolve never to err the same way again.

J. A. B., D.D.S., Milwaukee, Wis.

Is this the best answer the dental profession can give?



*Could you tell me if there is an association for dental assistants in Chicago, Ill., and if so where it is located?*

N. A. T., Chicago

There is such a society, and if you will get in touch with Miss J. C. Ellsworth, President, 30 North Michigan Avenue, you can secure all desired information regarding same.

*The following thought has been in my mind for some time and I turn to you for a solution. Please tell me what you think regarding the benefits to be derived by the dental assistant who joins a society for dental assistants; is it worth while and would I get anything out of it?*

*"Perplexed," Newark, N. J.*

Feeling sure that your question is of interest to every dental assistant, I have taken the liberty of submitting it to Juliette A. Southard, President of the Educational and Efficiency Society for Dental Assistants, First District, New York, and in substance her opinion follows: Your query is an interesting one as well as timely, judging by the interest apparent throughout the country in the dental assistants' societies already in existence and those in the process of formation, both by the dental profession and by the dental assistants. Personally, I have very definite ideas as to the benefits of such organizations. The dental assistants' societies with which I am acquainted have for their object the better education of their members in subjects most required for greater efficiency in service to the dental profession, and unquestionably anything that promotes the knowledge and skill of the individual is of benefit.

The Society of which I happen to be president has provided and is providing for its members special instruction in accounting, records and filing; sterilization and care of instruments; mixing of cements, alloys, etc.; developing and mounting of x-rays; inlay casting and general gold casting technic; general laboratory work; telephone courtesy; correct speaking and parliamentary procedure, etc. Prominent members of the dental profession and well-known educators in other fields address the meetings, and the members are urged to take part in giving papers and essays on the duties of the dental assistants for efficiency of service.

Association with one's fellows always widens one's horizon and only by comparison and study do we correct deficiencies. The advancement of the career of dental assistant can come only through a closer association of ideals and the determination to bring to it the best efforts possible. Cooperation or a unity of purpose is the foundation necessary

for the building of a permanent monument of achievement, as alone one can do little to bring about a fruition of ideals. The individual benefits accruing to members depend upon the spirit influencing their joining. If they have an idea that by being simply "a joiner" they are to reap wonderful results, they are sadly mistaken, for "he who brings nothing takes nothing away."

The dental assistants' societies are doing a good work in stimulating their members to better and bigger service, and because of this they are certainly worth while and of lasting benefit. I know of no finer incentive than the satisfaction which comes to those who are privileged to assist in serving humanity in a healing capacity. Therefore, I urge every woman employed in a dental office to join a dental assistants' society wherever possible. If there is no such organization near by, cooperate with others and form one. I sincerely hope that the day will come when there will be such an organization in every city throughout the country, with this motto for a guide, "Better Education for Greater Efficiency in Service to the Dental Profession."

I trust, dear reader, that you will no longer consider your thought of joining such a society a problem, but rather that doing so is an opportunity for your improvement.

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E. F. W., D.D.S., Sharon, Iowa. Your communication has been referred to Dr. V. C. Smedley, Editor of Practical Hints Department of THE DENTAL DIGEST.

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## January Meeting

of

EDUCATIONAL AND EFFICIENCY SOCIETY FOR DENTAL ASSISTANTS,  
FIRST DISTRICT, NEW YORK, INC.

The January meeting of the Educational and Efficiency Society for Dental Assistants, First District, New York, Inc., was held on Tuesday evening, January 8th, at the Academy of Medicine, 17 West 43rd Street, New York City.

Following the usual parliamentary procedure of business routine and reports of standing and special committees, the program for the evening was presented. Dr. L. M. Waugh and Miss Jessie Allen Fowler, phrenologist, were the speakers of the evening.

"The Greeting of Service" was the title of the address by Dr. Waugh who prefaced his remarks by commending the efforts of the dental assistants for organizing a society whereby they might cooperate for the betterment of their calling by increasing their education for greater efficiency. He also stated that the dentists would recognize the

value of such societies, as education and efficiency always bring recognition, and cited some of the struggles of the medical nurse prior to the establishment of the calling as a recognized profession and urged the dental assistants to continue the good work they had been doing since the organization of the Society.

In his address Dr. Waugh emphasized that there were three factors contributing to the success of all who would progress in their chosen profession, namely, knowledge, skill and judgment. Knowledge is power and education is the road to knowledge. He urged the members to take advantage of the classes made possible by the Society, in the various branches of dental assisting and stated that the trained assistant was in much greater demand than the untrained. He stressed the value of preparing one's self to meet future development in this field of endeavor and predicted that the time would come when the dental schools throughout the country would give instruction in dental assisting, such as is already being done in the Middle West, and that the dental assistant who prepared herself now would be ready to meet competition when the time came. Dr. Waugh spoke of the skill necessary for the proper ministration to patients, as well as the mechanical skill one could use to great advantage in the dental office. Through the finger tips or digital skill a person can express his knowledge, as, for instance, the surgeon in his delicate operations. Last, but not least, we should possess judgment, that innate something which prompts us to do the right thing at the right time, resulting in the growth of our daily work.

In closing, Dr. Waugh said that the true Greeting of Service was the maintaining of a kindly mental attitude toward a task, that the only way to get something out of life was to give something to it, and that one got a return only in proportion to one's gift. He urged all present to look upon work worth while as true service and to greet the task in hand with a smile. "Work is compulsory play; play is optional work."

Miss Jessie A. Fowler, vice-president of the American Institute of Phrenology, spoke on "Vocational Guidance and Character Analysis." She emphasized that a knowledge of human nature was of great importance to the dental assistant, that one should know how to judge the people one comes in contact with and be better able thereby to "do the right thing at the right time."

Miss Fowler said also that we should understand our own mental switchboards and be able to make the right connections, enabling us to get into the proper niche in life, saving untold disappointments and regrets, and placing to the best advantage our talents and service. We should be able to be aware of the defects as well as the virtues of our friends and associates, so that we might have a better understanding of them and help them rather than destructively criticize and hinder.

None of us is perfect. We all need to study until we pass hence, and personality is a subject worthy of study. The mental capacity of an individual finds its reflection in the head and face, and we should learn how to "see" more clearly the character of those we come in contact with, and with sympathy find the heart and soul of the difficult person.

In closing, Miss Fowler gave a number of demonstrations in character reading, taking the apple, pear and orange as types of forms of the human head and explaining their salient characteristics.

The Entertainment Committee announced an entertainment and dance for the evening of February 2nd, to be given by the members of the Society. This will be held at the Business and Professional Women's Club.

The chairmen having charge of the various classes in special instruction, such as sterilization, roentgenograms, general laboratory technic, gold casting, porcelain, accounting, public speaking and parliamentary procedure, all gave accounts of the progress of the work in hand.

The Clinic Club is working on demonstrations and expects to give several clinics to local and state dental societies in the near future.

Four new members were welcomed into the Society and several new names were proposed for membership.

Members of the dental profession are cordially invited to attend all meetings of this Society. Dental assistants who are interested are asked to communicate with Mae L. Bennett, secretary, 104 East 40th Street, or any of the officers.

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## Stepping Stones to Efficiency\*

By Frances E. Gilmore, New York, N. Y.

My talk to you tonight is on "Stepping Stones to Efficiency." Some of us have given little thought to what "Stepping Stones" really mean to us. We picture ourselves picking our way across a very swift-moving stream by means of small stones. Some of them are very solid and others move and permit us to wet our toes, sometimes our whole foot, and occasionally we find ourselves submerged in the stream. After we pick ourselves up, we find more stones to step on and finally we reach the other side.

This applies to our work as dental assistants. When we first enter a dentist's office, we must confess that we are very ignorant relative to the procedure which should take place from the time our patients enter until they leave the office. I say "our" patients because a patient is

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\* Read before the Educational and Efficiency Society for Dental Assistants, First District, N. Y., Inc., December 11, 1923.

the assistant's patient as well as the doctor's, if we want to be successful and more proficient in our work.

There are six important things I want to mention to you which I have learned through personal experience and although there is a saying that "experience is the best teacher," there are often little things that we can be told that will sometimes help us to avoid an unpleasant experience.

1. *Interest in the work.* The first thing that we should do is to take a heart interest in the work, both from the dentist's and layman's standpoint. If you are in a specialist's office, you should read up on his line of specialization so that if you are visited by a physician or dentist while alone in the office or even while the doctor is operating or treating a patient, you can answer any question he might ask you pertaining to his patient; for instance, you should know the teeth by their technical names, the number of roots each tooth has, what the alveolar process is, what the periodontal membrane is, what a necrotic area is, a cystic sac, a granuloma, an exostosed root, and many other things. There is no end to study. The most important thing, though, is to be able to apply this knowledge intelligently. You may know their names, but not know how to apply them. If we learn these things now, it will help a great deal when the time comes when the dental assistant will have to take the State Board Examination in order to obtain her degree of a D.A. or D.N. (Dental Assistant or Dental Nurse) as the case may be. When that State Board "throws" the question at you such as "How many roots has a first bicuspid?" it won't be necessary to answer as a young woman I once heard of who applied for a driver's license and answered a question by saying, "Use your own judgment."

2. *Office Cleanliness.* In some offices women are hired to do the cleaning but it is very essential that we should examine everything and be sure that every nook and corner is free from dirt. First of all, nickel should be gone over with a damp cloth and then with a dry one. Boil out the sterilizer and refill it with clean water, adding about a tablespoonful of carbonate of soda and about five or six drops of oil. The oil keeps instruments bright and shining. Be sure the cuspidor is clean. A good way to discover dirt is to sit down in the chair yourself and look at the things that the patient's eyes would be most likely to rest upon, and very often you will make some discovery that you can rectify before the next patient appears.

3. *Personal Cleanliness.* A dental assistant's costume should be white, either dress or apron pattern with long sleeves, collar up about the neck or high V-neck; and she should be immaculate.

The hair should be plain and becoming, with no adornments. Shoes should be of a sensible business type and not of a French heel pattern.

A natural complexion is the most becoming in the professional office.

4. *Attentiveness.* Before you seat the patient, try to follow the doctor's conversation as closely as possible so that when he starts to work you can follow him and act as a second pair of hands. He may pick up an instrument and after using it lay it down in a different place from where he picks it up. Be able to hand it to him when he needs it again or, if you are not in a position to hand it to him, tell him where it is on the tray. This will eliminate a great deal of confusion especially if your patient is taking a general anesthetic. Learn to cooperate with the doctor and be just a little ahead of him all the time to prevent delays. The patient does not want to sit in the chair any longer than is necessary. No matter what happens at the chair, whether it be the mistake of the doctor or your own, never say one word. Above all, never speak back to the doctor in the presence of a patient, unless in an apologetic manner. Whether you are right or wrong, never say anything until you are alone with the doctor and then tell him in a courteous manner, and I am sure the situation can be handled to the satisfaction of both.

5. *Personality.* Pleasing personality is something that is very essential in every phase of life and especially where one comes in contact with strangers. People often judge one at the first meeting. In dental assisting, personality is 60% of success. If a person is not graced with a pleasing personality, she can acquire it. Some people think it is a task to smile and always to speak pleasantly to every one. It should not be considered a task because in return you always get a smile and a kind word. You, no doubt, have encountered patients who snapped at you, "I want to see the doctor!" before you had an opportunity to inquire for their welfare. Sometimes you feel that you cannot bear to have anyone speak to you with such an attitude and are inclined to snap back, as I once did by saying, "OH! I thought you wanted to see the President!"

I was all wrong! I should have replied to that patient in a gentle voice and asked what I could do for him. After I had collected my thoughts, I returned to my patient and asked if there was anything that I could do for him and I, in return, was given an interview. Later this patient proved to be a very fine man with a charming disposition but at the time of his first visit he was in pain and hardly able to speak a civil word to anyone, especially to the doctor and to me, as he thought we were going to give him more pain.

In greeting patients always be composed and, regardless of how they speak to you, always counteract their attitude by being gentle and attentive to their story. Spoken words of sympathy are not necessary. You do not have to speak of your patients' illness to them. They know that you know why they have come to you and your gentleness is all the sympathy that is necessary. When you have accomplished this, you have both feet on the "Stone of Personality."



6. *Loyalty.* One of the finest things to practice is faithfulness and trustworthiness to your doctor. Your doctor has many worries. They may be financial, family, or secret. Do not give him more worries over your principles. Always speak the truth. No matter how it hurts at times, always tell the doctor when you have made an error and he will appreciate your honesty. Be faithful to your duty. If the doctor has duties to perform at a hospital and cannot be at his office before 11 or 12 o'clock that morning, do not stay out too just because you think he doesn't know. You may think that you can "get away with it," but you can't. It is yourself you are hurting and not the doctor. To have him feel that you cannot be trusted would not be worth the time you have taken from the office without his consent. Ask permission to do certain things and he will rarely refuse you. Gain the confidence of your doctor so that when you say a thing he will know that he can depend upon its being the truth.

There is another very important relation which should be cultivated between the doctor and the assistant, and that is *conservativeness*. A doctor appreciates an assistant who does not annoy him with her petty social affairs and illnesses. No matter how ill you may be, do not give in unless you can not stand another minute. Do not bother him with your petty worriments. Always inquire of his welfare in the morning and also that of his family, if you are personally acquainted. That is all the social atmosphere that should exist between the doctor and yourself.

The final Stepping Stone I want to mention is that of our duty to our Society. Let us all try to bring at least one new member to our fold and try to double our membership this year. If any visitors ask us questions pertaining to our Society let us try to answer them intelligently; and if we don't know, find out for them. Let us show our President that we are striving for Education and Efficiency and that when the State Board is ready, we shall be also.

33 Park Avenue.





## EXTRACTIONS



No Literature can have a long continuance if not diversified with humor—ADDISON

God made the country and the Devil invented the Detour signs.

A friend in California writes that home, in that State, has been defined as the place where you park the family while the car is being painted.

It must be awful to be a professional radical and go to heaven, where nobody has a grievance.

(First Artist)—Why do you call that beautiful girl Violet when her name is Ethel?

(Second Artist)—Well, you see my wife's name is Violet and I talk in my sleep.

The young man who serenades his best girl with a banjo isn't in it with the young man who honks an auto horn.

"There's a queer disease going around," announced the health officer, "and to put people on their guard I'll just publish the symptoms."

"Nunno, nunno," said his chief. "That is just the way to make them think they have it."

(Mike)—This is a great country, Pat.

(Pat)—And how's that?

(Mike)—Shure this paper sez yez can buy a five-dollar money order for three cents.

Sometimes it pays to be original. A soldier on furlough wired in as follows for an extension and got it:

"Nobody sick. Nobody dead. No train wrecks. Everything fine. Still got a lot of money. Having a good time and going strong. Request extension."

Sign in a dental office:

You need your money,

And I need mine.

If we both get ours

That will be fine.

But if you get yours

And keep mine, too,

What the h— am I going to do?

(Host—speaking to a retired doctor)  
—Did you ever make a serious mistake in your diagnosis?

(Doctor)—Yes; I once treated a patient for indigestion, when she could easily have afforded appendicitis.

"Are the directions clear to you now, Jefferson?"

"Yes, sah, all except one thing, doctah. Was I to take dose little pills externally or befo' meals?"

A cat watching a mouse seems the ultimate in close attention until you observe a village watching a widower.

(Visitor)—What does the chaplain do here?

(Fresh)—Oh, he gets up and looks over the student body and then prays for the college.

Poise is the quality that keeps you from spitting fire when you see the twin of your \$60 overcoat marked down to \$19.98.

The modern person is so sophisticated that there isn't much left to make him gasp except asthma.

(Sez the Cop on the corner)—I've learned one thing about wimmen: don't believe anything they tell you, but always act like you do.

"I hear you've quit clerking and are going into business."

"Yes; I picked up cheap a penny weighing machine and a good soda fountain second hand, got the agency for Goo-Goo Chocolates and have a cellar full of hooch and a doctor friend around the corner, so I'm going to start a drug store."

(Hubby—when the car stops)—Darling, the engine seems to be missing.

(Wife)—Dear me! I wonder where we dropped it.

### ODE TO A MANDIBLE

Sweet Mandible, oh fragrant one!  
Thy days of mastication done,  
No more shall peppermints recline  
Above the mylo-hyoid line,  
Nor bull's-eyes grind like garden rollers  
Among the crowns of thy premolars.  
Never another impulse shall  
Thread thine alveolar canal,  
Nor corpuscles with heated bustle  
Anastomose around thy muscle.  
Yet do not wince, oh bone, in pain,  
Thy genial tubercles remain.



## FUTURE EVENTS

The next meeting of the VERMONT STATE DENTAL SOCIETY will be held at the VanNess House at Burlington, Vt., March 19, 20, 21, 1924.

CARTER R. WOODS, *Secretary*.

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THE SECTION ON PATHODONTIA of the First District Dental Society of the State of New York will give a dinner in honor of the Founder of the Section, M. L. RHEIN, D.D.S., M.D., at the Hotel Commodore, City of New York, on Friday evening, March 28, 1924.

For information and reservations address,

JOHN T. HANKS, *Chairman Dinner Committee*,  
110 West 42nd Street, New York City.

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The next monthly meeting of the NEW YORK STOMATOLOGICAL SOCIETY will be held on Monday afternoon at 3.00 P. M., March 31st, 1924, at Aeolian Building, Suite 1504, New York City.

Dr. Rex T. Taylor will present a paper and hold a clinic on "Prophylaxis and Restorations."

A class in pyorrhea is being organized under the supervision of the Postgraduate Department, John L. Kelly, D.M.D., and Alfred Asgis, Sc.B., D.D.S., instructors.

ALFRED ASGIS, *President*,

STANLEY SLOCUM, *Secretary*,

597 Fifth Avenue, New York City.

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THE ST. LOUIS STUDY CLUB OF DENTISTRY will hold its Sixth Annual Clinic and Dinner on Saturday, April 5th, 1924, at the City Club, Eleventh and Locust Streets, St. Louis.

A cordial invitation is extended to all ethical dentists to attend the clinical demonstration of the advanced work in dental science of the students in this organization, with the following classes:

Root Canal Technic. Oral Diagnosis and Diseases of the Mouth. Conduction and Local Anesthesia. Radiodontia. Removable Bridgework. Fixed Crown and Bridgework on Non-vital Teeth. Porcelain Technic. Cavity Preparation and Casting Technic. Full Dentures.

The clinic will start at two o'clock, and will continue until five. Following this, a dinner in honor of the faculty will be given by the students of the various classes at six o'clock. To this the profession is also invited.

Bulletins, descriptive of the clinic, may be had by addressing the Secretary of the Study Club, Dr. Max Stone, Arcade Building, St. Louis, Mo.

The next Annual Meeting of the KENTUCKY STATE DENTAL ASSOCIATION will be held in Louisville, Kentucky, April 7-8-9-10, 1924. Headquarters at Seelbach Hotel. A program of unusual interest is being arranged.

(Signed) N. B. SMITH, *President*.

WM. M. RANDALL, *Secretary*,

1035 So. Second St., Louisville, Ky.

GEO. H. MEANS, Editor of Program and Master of Exhibits,  
1380 Bardstown Road, Louisville, Ky.

R. L. SPRAU, Chairman of Executive Committee,  
968 Baxter Ave., Louisville, Ky.

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THE CLASS OF 1904 OF THE UNIVERSITY OF MARYLAND, DENTAL DEPARTMENT, will hold a reunion celebrating its twentieth anniversary, at the annual meeting of the Maryland State Dental Association which will be held at the Southern Hotel, Baltimore, May 5-7, 1924.

WALTER E. GREEN, *Treasurer*,  
Baltimore City Dental Society.

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THE MASSACHUSETTS DENTAL HYGIENISTS ASSOCIATION will hold its Second Annual Meeting at the Copley Plaza Hotel, Boston, May 7 and 8, 1924, in connection with the Massachusetts State Dental Society meeting.

All dental hygienists in the state are urged to attend, and a cordial invitation is extended to those of other states.

ESTHER B. RUSSELL,  
*Publicity Committee.*

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The next examination to be given by the DENTAL BOARD OF IOWA will be held in the College of Dentistry, Iowa City, Iowa, beginning at 9 A. M., Monday, May 26th, 1924.

An examination for Dental Hygienists will be given.

For further information and application blanks address

DR. C. B. MILLER, *Secretary*,  
726 Fleming Building, Des Moines, Iowa.

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The next meeting of the VERMONT BOARD OF DENTAL EXAMINERS for the examination of candidates to practise in Vermont will be held at the State House, Montpelier, June 30, July 1 and 2, 1924.

Candidates will present for registration and preliminaries at 10 A. M., Monday, June 30th.

To be eligible for examination a candidate must be (1) twenty-one years of age, (2) a graduate of a high school of first class, (3) a graduate of a reputable dental college. Applications must be in the hands of the secretary not later than June 20th.

For further information and application blanks, address

PHILIP E. MELLEN, *Secretary*,  
Middlebury, Vt.